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ORIGINAL COMMUNICATIONS.

TOO MUCH MEDICINE.

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WISE statesmen tell us the world is governed too much. With even greater truth and force it may be said that the world is drugged too much. To discover truth in science the most learned will admit is very often difficult, but in no science is it more difficult than in medicine

Independent of the common defects of medical evidence, our self-interest, our self-esteem, our prejudices, our likes and dislikes, and not infrequently our ignorance only too often hide the truth from our view, and we ascribe all to art and but little, if any, to the operations of nature. Thus, the mass of testimony is always with art, and, although we believe we are right in our reasoning, we only pursue the old, time-honored course that has been instilled into our minds through training and education.

In order that the physician may become qualified to recognize when and how the functions of one or more of the organs in the system are deranged, it becomes an absolute necessity paramount that a full knowledge of the anatomy and physiology of the human system—in its entirety and in its parts, intricately—be acquired.

For it is absolutely impossible to recognize a morbid process, or to know when disease exists, until after a thorough understanding of nature's operations in health. But do not think that I am wandering from my subject when I bid you to remember how profoundly interesting, how almost awful, is the study in itself and for its own sake, revealing, as it surely does, the immutable workmanship of a Hand that is Divine.

Health is represented in the natural or standard condition of the living body. My wish is to be intelligent rather than scholastic, and I should puzzle myself as well as you were I to attempt to lay down a strict and scientific definition of what is meant by the term health. It is sufficient for our purpose to say that it is bodily comfort.

Whenever pain or uneasiness renders the body uncomfortable, it, strictly speaking, is diseased.

However slight or severe the nature of the discomfort, the physician, being consulted, must always and in all cases, without exception, be guided in his course of treatment by keeping in view, first and foremost, the two cardinal objects:—

1. That he does the patient good.

2. That, at least, he does the patient no harm.

The best and safest practitioner is he who knows when to abstain from acting as well as when to act; in other words, who has learned when and to what extent the case can be left to the salutary processes of nature.

The tendency to recovery which manifests itself under different modes of treatment, and even in spite of opposite modes, has induced in some minds a degree of skepticism as to the utility of any remedies. That this opposite error to that of mischievous or meddlesome activity may likewise be easily carried too far is at once apparent. It does not follow, because the majority of diseases, such as con-

tinued fevers and acute affections generally, get well in spite of the doctor and the disease, that therefore the disease should be abandoned to what Cullen calls the "*vis medicatrix naturæ.*" A knowledge of the circumstances upon which health depends is one of the most important parts of the moral and intellectual education of the true physician, who will ever be mindful of the maxim: "Education and culture commence in the cradle and terminate only in the grave." I am convinced that the mind of the educated, cultured, and truly conscientious physician who is an earnest seeker after truth will, like the sun, grow larger at its setting and shed a more beautiful light at the period of its decline. To such every fresh acquirement tends to enlarge the powers of insight, just as in nature the higher we ascend the more fully lies the view before us.

There are few essentials necessary to the attainment of health, to wit:—

1. Pure atmosphere and water.
2. Wholesome food in quantity and quality.
3. Freedom from contagious and infectious diseases.
4. The inheritance of a healthy constitution.

Either of these primitive essentials of health is controlled but little, if any, by the individual efforts of man. To medical science solely must mankind look for the foundation-rock from whence the principles governing these essentials of nature's law are to be revealed by virtue of intelligent, progressive, active, zealous, and truly conscientious physicians, who will, sooner or later, succeed in educating the legislator to understand and realize the all-important and fact paramount, that only through the State or municipal government can we ever hope to see mankind enjoy these blessings. Until then—

> "Antis may come and Antis may go,
> But disease goes on forever."

Providence puts into our hands the means of preserving health, and this gift involves responsibility. Health will be counted among those talents for the use of which we are to answer to our Creator, and it is our duty to become fully acquainted with those laws which regulate and govern it. There is no doubt that we bring most of our diseases upon ourselves by imprudence and the want of a proper knowledge to prevent them; hence, we must feel assured that nature will, sooner or later, call us to account for a violation of her laws. It is true, for a time we may escape, but the debt and its interest are accumulating, which must all finally be paid. Let us, then, as members of the most noble of all professions, be true advocates of its best principles.

Perhaps the best working hypothesis in relation to health and the departure from it that is fairly deducible from the drift of modern investigation is to regard all diseased conditions as being penal—that is, as penalties or punishments for broken laws—and then to remember that the judges and juries who try the infractions of health laws and impose the penalties are out of reach of sympathies and emotions, and cannot be tampered with; that the decisions are final, because there is no court of appeal nor pardoning power; and, finally, that the penalty is in degree exactly proportionate to the extent to which the laws are broken.

Contagious and hereditary diseases, for example, appear at first sight to conflict with such an hypothesis, but the conflict may be regarded as apparent only, since both must have originated upon a normal condition and subsequent to it, and as the progress and cumulative result of broken laws through past ages. These are penalties adjudged upon the races of mankind and not upon the individual, and are somewhat metaphorically set forth in the playful language of an English statesman several generations back:—

> "Like genders like, potatoes 'tatoes breed,
> Uncostly cabbage springs from cabbage-seed"—

and from nothing else.

The teaching of such an hypothesis becomes plain at a glance. Find out the laws and conditions of health and conform to them, and then, as the penalties are paid and new penalties less and less incurred, suffering would diminish at the same rate, and in the course of time practically cease.

Now let us see how these principles are confirmed by those who diligently searched after truth.

The skillful physician, although he uses medicine, can hardly be said to use it as a curative, but rather to remove obstructions, or to arrest the progress of diseased condition. For cure, he looks to the strength of the constitution which remains; to the powers of nature to rally; to diet, drink, sleep, exercise, cleanliness, change of air, hope, cheerfulness, etc. This clearly explains why it is that the most

distinguished physicians feel the deepest conviction of the uncertainty of medicine.

At every step they find it necessary to exercise great caution, as, notwithstanding the experience of centuries, the medical profession is still doubtful whether the remedies daily used act in unison and harmony with the laws of animal life. Thus we have this, with many other mysteries not yet clearly explained, deplored by the best and wisest men that have adorned the profession.

Boerhaave in the preface to his "Aphorisms" professes that he knows of nothing which can be fitly termed a remedy.

"Quim solo tempestivo uso tale fiat."

Prof. Roberts Bartholow, in his preface to the second edition of his valuable and highly accepted work on "Materia Medica and Therapeutics," recognizes and teaches this principle:—

"The author has a strong conviction that in the future of therapeutics the law or principle of physiological antagonism must play an important rôle."

The distinguished Dr. Radcliffe said: "The whole mystery of physic might be written on half a sheet of paper."

Dr. Bostwick, author of the "History of Medicine," says: "Every dose of medicine is a blind experiment."

Prof. William Parker, M.D., writes: "Of all sciences, medicine is the most uncertain."

Dr. McClintock: "Mercury has made more cripples than all wars combined."

The Emperor Hadrian deliberately prepared the following epitaph for his tomb:—

"It was the multitude of physicians that killed the Emperor."

Sir Astley Cooper: "The science of medicine is founded on conjecture and improved by murder."

Professor Chapman, M.D., of Philadelphia, in his work says: "Taking drugs habitually conduces to destroy the stomach. Every ache or discomfort, real or imaginary, must be relieved, till finally the powers of the stomach are worn out, and derangements, functional or structural, take place. It would be salutary were such people constantly to bear in mind the epitaph of the Italian count who fell a victim to his bad habits:—

'I was well—
Wished to be better,
Took physic, and died.'

Nor can the profession escape the charge of lending its contribution to this mischief. When called to a case of such obscurity that no distinct idea can be formed of it, how often do we go on groping in the dark, pouring down drugs empirically, till the stomach gives way, and its derangements are added to the pre-existing affection, by which the case is made of greater complexity and enhanced difficulty of cure. It is not easy always to avoid this course, from the ignorance or prejudice of mankind."

Pitican, on being asked what he thought of a certain treatise on fevers, declared: "I do not like fever curers. You may guide a fever; you cannot cure it. What would you think of a pilot who attempted to quell a storm? Either position is equally absurd. In the storm you steer the ship as well as you can; and in a fever you can only employ patience and judicious measures to meet the difficulties of the case."

Sir William Gull, the physician-in-chief to his Royal Highness, the Prince of Wales, during a severe attack of typhoid fever, but little more than one year ago, declared, after the favorable recovery of his patient, that he gave him only five doses of medicine during his entire illness. Was it not a very lucky day for the Prince when he came under the care of Knighted Gull?

Dr. Shippen, a most distinguished medical teacher of Philadelphia for forty years or more, in days gone by wrote: "If you find it necessary to have recourse to medicine, there are three kinds which you may make use of with safety, viz.: a tranquil mind, exercise, and a temperate diet. These are the best remedies I have ever prescribed."

Dr. Dumoulin, a celebrated and most experienced French physician, on his death-bed, when surrounded by three of the most distinguished medical men of Paris, who were regretting the loss which the profession would sustain in his death, said: "My friends, I leave behind me three physicians much greater than myself." Being much pressed to name them—each of the three doctors supposing himself to be one of them—he answered, "Water, exercise, and diet."

Dr. Oliver Wendell Holmes, the poet physician, before a medical class in Cambridge, Mass., in 1861, said: "The disgrace of medicine has been that colossal system of self-deception, in obedience to which mines have

been emptied of the cankering minerals, the vegetable kingdom robbed of all its growths, the entrails of animals taxed for their impurities, the poison-bags of reptiles drained of their venom, and all the inconceivable abominations thus obtained thrust down the throats of human beings suffering from some fault of organization, nourishment, or vital stimulation."

Dr. Benjamin Rush—a nobler and truer character and searcher after truth never adorned the profession—wrote that "if the same amount of care had been taken to instruct and improve the human species that has been bestowed upon domestic animals during the last century, there would have been but little need or use for medicine."

After half a century of professional labor, a most careful and studious observer wrote: "What a farrago of drugs has been and is daily used by many physicians! I have really seen in public, as well as in private, practice such a jumble of things thrown together, and so much medicine administered unnecessarily, that it would have puzzled Apollo himself to know what it was designed for."

Professor Alva Curtis, M.D., President of the Cincinnati Scientific Institute, says: "Of poisons, articles in their nature inimical to the human race, no quantity is ever proper, nor should we be persuaded to take poisons covered by abbreviations of unknown tongues, or being falsely told that they are the best of all medicines. Poisons received into the system possess a tendency to destroy the vitality of the organs with which they come in contact, and do actually effect that destruction in all cases in which their influence is not overpowered by the vital forces. Hence, though poisons may, by the vital reactions they provoke, be sometimes made the occasion of a transient good to the system, they cannot be properly viewed in any other light than as direct causes only of disease, and should never be taken for the cure of disease in any form."

As men will differ on all questions and subjects, so we find eminent physicians disagree very materially about the effects of different kinds of medicines, some even claiming as a cause of a certain disease the very means most relied upon by others to effect its cure; to demonstrate this, let us take consumption. Thus we find:—

Dr. Stahl attributes the frequency of consumption to the introduction of Peruvian bark; while Dr. Morton considers the bark an effectual cure of the disease.

Dr. Reed ascribes the frequency of this disease to the use of mercury: while Dr. Brillonett asserts that it is only curable by mercury.

Dr. Rush says that consumption is an inflammatory disease, and should be treated by bleeding, purging cooling medicines, and starvation; while Dr. Salvadon says it is a disease of debility, and should be treated by tonics, stimulating medicines, and a generous diet.

Galen recommends vinegar as the best preventive to consumption; while Dessault and others assert that this disease is often brought on by a common practice of young people taking vinegar to prevent obesity.

Dr. Beddoes recommends *foxglove* as a specific in consumption; while Dr. Parr found foxglove more injurious in the treatment of consumption than beneficial.

In the face of such contradictory statements as these—and they are but examples of many "too numerous to mention," in the language of the vendue crier, which could be collected relative to the treatment of every disease known to mankind—you must think and act for yourself, and most especially in the use of poisons.

Thus we can see that the opinions of some of the greatest medical men who have ever lived are sufficient to convince us that one of Burns' "Twa Dogs" was right when he said:—

> "But human bodies are sic fools,
> For all their colleges and schools."

These very curious facts did not escape the notice of our great dramatist—Shakespeare—who writes in Timon of Athens, Act iv, Sc. 3:—

> "Trust not the physician;
> His antidotes are poison, and he slays
> More than you rob."

He also gives a side-thrust at the experimenters in the profession in Cymbeline, Act i, Sc. 5:—

> "I do not know her spirit,
> And will not trust one of her malice with
> A drug of such damn'd nature. Those she has
> Will stupefy and dull the sense awhile;
> Which first, perchance, she'll prove on cats and dogs,
> Then afterwards up higher."

He gives evidence of another timely notice of the remarkable workings of nature in that, sometimes, the favorable crisis is preceded by an aggravation of most of the former symptoms

and a marked increase of the general distress. This is a very curious phenomenon, and he so beautifully and truly describes it:—

> "Before the serving of a strong disease,
> Even in the instant of repair and health,
> The fit is strongest. Evils that take leave,
> In their departure most of all show evil."

Were these truths more generally understood and observed by physicians, we soon would hear them offer less confidently to their patients Benvolio's advice to the slighted Romeo:—

> "Take thou some new infection in thine eye,
> And the rank poison of the old will die."

Poisonous drugs poured down the throat have killed more people than all the medicine ever administered cured; in other words, the careless use of poisonous drugs, in ignorance or by unfaithfulness, destroys more lives than the most skillful and careful administration of medicine, with full wisdom and faithfulness of advanced medical science, cures.

The most experienced, close observing, earnest searchers after truth in nature's operations, most skillful and best physicians, hesitate above all things to give large quantities of medicine, and think the best way to help the invalid to health is simply to "assist nature." But how much different do we find the inexperienced, careless, unfaithful, or ignorant practitioners? Observe this class of physicians of the present day, in this most enlightened age of the science, who, with rather more pride than common sense, labor on, believing if they do not cure every disease it is their own fault. This applies more especially to the younger physicians, the truth of which all of us must acknowledge when we reflect upon our first experience in the practical field: but time and experience will show and teach them, if they be honest and earnest searchers after truth, differently; when their cheeks are wrinkled with cares and troubles from keenly felt responsibilities—which a worthy professional life always confers—and when they will have learned by sad experience that disease is controlled by nature alone, that her laws must be consulted if they would practice successfully. But alas! how often have I been taught this valuable lesson from experience, "that many physicians are given to profound thought, and possess extensive knowledge, united with sterling honesty, being by nature endowed with the highest order of talents, and yet be wanting in good common sense!" Thus it is that we are forced to acknowledge the fact that the time honored shotgun prescription-boat is laden with so large a majority of the members in the profession, who are all vigorously laboring with the oars of endless-named poisonous drugs, endeavoring to make haste speedily, manifesting no knowledge of their being adrift upon the rough and dark sea of conglomerated abominations of false ideas, but seem color-blind to the light of nature's "*in simplici salus.*"

In proportion to their ignorance will be their continued confidence in drugs, and an utter want of faith in the use of simples, good nursing, the influence of the mind, and, above all, the restorative power of nature.

To more forcibly demonstrate the truth of what is hereinbefore said, let me call your attention to two of the most common ailments known to mankind, viz.: indigestion and constipation. These are conditions well understood, and the serious difficulties to which they lead are well recognized, while the teachings of the schools and text-books in regard to them are so full and sufficient that it is out of the question to say anything new about them; therefore, I shall confine myself to simply reiterating such facts and principles as will serve to demonstrate wherein the law of health—nature's law—is violated. Thus I shall endeavor to prove that indigestion and constipation are most often, if not generally, at their onset the penalty of broken laws; and that when allowed to become fixed by the tremendous force of habit they are apt to become the law of the economy.

There are many causes of indigestion and of constipation, and therefore many kinds; but there is one single condition that is so common to all kinds as to be almost universal. The law of health seems to be that while food is taken into the system about three times daily, the residuary and watery portions of the food and of the tissues should be discharged once daily out of the system. The food must be converted into solution prior to digestion, and digested prior to assimilation; any interruption or arrest of these orderly processes constitutes indigestion; while if the food continues to be taken, and the discharge of its residue out of the system be diminished or interrupted, constipation results. Thus we have incomplete solution of the food taken as the most frequent and universal primitive cause of indigestion, while the residuary matter of the food becomes so dry and hard that the means pro-

vided by economy for their extrusion are insufficient, and here, then, we have the prevailing cause of constipation. The source of the causes of these abnormal conditions, therefore, must be sought out and corrected.

Physiologists (Dalton) teach that the average healthy adult man takes about two thousand five hundred and fifty grammes, or five pounds two ounces avoirdupois, of food, including drink, daily. Of this about four pounds one ounce is water and one pound one ounce anhydrous solids. The average excrement from this, in a healthy condition, is about one hundred and fifty grammes, or 5.25 ounces, of which 3.94 ounces is water and 1.31 ounces solids. Thus in the natural condition about 79 per cent. of the ingesta and 75 per cent. of the residue is water; and this is the law of the healthy economy. These proportions remaining constant or nearly so, non solution of food and constipation can occur but rarely, if at all; and, therefore, to fully accomplish the very first and most essential step in the digestion of food, viz.: hydration, nature requires the proper amount or proportion of water, as established by its law. But through want of proper care and attention the proportions are liable to vary, and then the question—which embraces indigestion and constipation—arises how and when they vary, and how and when can the variation be corrected.

Food and drink, as taken into the stomach, are naturally in the condition of a thick or thin fluid mixture, in proportion to the required standard by nature—of water to solids—for the effectual solution, digestion, and assimilation of the nutritive portions. When sufficient water is taken, the nutritive portions will be rendered in a solution fluid enough to be absorbed out from the residues, in the alimentary canal, through its walls, and be carried and distributed to all the tissues of the organism. Thus, when fluid enough is taken up to hold the nutritive matters in solution and to supply the circulatory mass—the blood—the residuary matters are naturally left with enough liquid to render them pultaceous and keep them so. Then the secretions from the mucous linings of the canal—alimentary tract—for lubrication, and the peristalsis for progression, *i.e.*, the vermicular contractions and dilations which push the contents of the tube—primæ viæ—from the pylorus to the rectum, are the natural means whereby they are conveyed through the intestinal tube and finally voided, as alvine dejections or fæces, in the natural soft-solid condition; hence no constipation. As in the normal state the contents of the intestinal canal are found to increase gradually in consistence from the pylorus to the rectum, being fluid above and soft-solid below, it follows that the absorption of moisture from the residues must be a continuous process throughout the whole length of the tract. But if there should be a deficient liquid ingesta, or an unusual loss of water by an excessive liquid excretion, by the skin or kidneys, or both, the deficiency or loss will be supplied as far as possible from the blood through the secretions of the gastric and intestinal juices for digestion of the food in the upper portion of the tract, which in such an event must be incomplete, hence indigestion, and from the food residue by increased absorption in the lower portion of the tract, so that by the time these residues reach the colon they will be so compressed, condensed, thickened, and squeezed close and dry as to constitute constipation. Again, when the rate of absorption of the watery part which gives fluidity and mobility to the residuary matters, the excrements or fæces, may become so inspissated and contracted in volume in the colon as to be too small to be effectually grasped and propelled by its slow and defective contractions, and so solid as to easily fall into, or remain in, its pouches, and lie there almost indefinitely, or until they accumulate to a volume which is large enough to be freely grasped by its weakened contractions; thus we have impaction of fæces in the rectum—the last stage of constipation. It will thus be easily and plainly seen that anything may constipate any individual which brings these causes into active operation either slowly or rapidly; if slowly, then there is the constipated habit; if rapidly, then it is generally of easily recognizable changes of diet, clothing, or exercise. The blood in health consists of about 79 per cent. water, or about the same proportion as the food, and as this water is the solvent and carries all the material both for supply and waste, its volume must be kept nearly constant in the economy, and to keep it constant the water must be taken from any available source. Any diminution of this volume must occur either from insufficient supply from without, or from increased excretion by either the kidneys, the skin, or the lungs, or by all of

these combined; and within this narrow compass all the causes of ordinary or usual dyspepsia and constipation must be found.

Insufficient supply of water is, probably, the ultimate cause of three-fourths of the cases of ordinary dyspepsia and constipation. The appetite for liquids, which, under strictly normal conditions would regulate the supply to the demand, is, under the ordinary conditions of civilized life, largely controlled by habit, and habits are often established by thoughtless concessions to convenience. Habit has quite as much to do with the taking of food and drink at stated periods as appetite, the latter merely coming in to decide how much shall be taken, and this decision, often based upon the quality of the food and the time allotted to the process, together with too much liquid taken with the food, so embarrasses digestion as to cause inconvenience, and thus not only is a bad habit prevented, but a still worse habit of taking too little liquid is liable to be fallen into. So, too, with drink proper, or water taken at other than meal-times; the appetite for it is often not strong enough to break through the occupations of time, and by habitual neglect soon disappears altogether.

Any one who is sufficiently observant of his lesser instinctive wants will find that not only is from one to two glasses of water acceptable with the taking of food at each of the three daily meals, to enable the first stages of digestion and absorption to be completed, but that also after these first stages a glass of water is particularly acceptable, and equally so the last thing before retiring in the evening and the first thing in the morning after rising, and the most acceptable time will vary with the rapidity of the digestion of the individual, generally from one to two hours after the meal. Then, also, other times for taking water will depend largely upon the amount of exercise, since these are chiefly to supply the waste of the water from the system through the lungs and skin.

Any one in doubt of these principles need but try, as did I some years since, a treatment of indigestion and constipation founded upon these principles, and a careful observer will, soon after adopting such, by convincing evidence learn the truth of this natural law, as I have, many times every year since, had abundant testimony in proof of its efficacy.

The very common relief obtained in dyspepsia and constipation from the use of the fashionable mineral waters is doubtless largely due to simply the water. Persons go to the mineral springs or use mineral waters at home, thus increasing the quantity of water taken by from one to three glasses, at least, each day beyond the previous habit; and it is not wonderful, but quite natural, from the foregoing considerations of the natural or primitive law of health of the economy, that indigestion and constipation should be relieved and prevented, even if the very small proportion of salines be kept out of the question. As a large proportion of the effectively lauded mineral waters contain less than one-half of 1 per cent. of total solids, it is not difficult to understand that the water alone is the important element; which is so particularly demonstrated by the fact that, of late, since the Sangrado treatment of hot water has been revived and has become so popular for all difficulties of digestion as to constitute a craze, which, as will be undoubtedly seen by some inquiry and observation, is not only equally effective in relieving constipation in the same cases in proportion as it benefits digestion, but that, used hot for digestion, it is followed with results quite as good, of course, to constipation, as when the water is taken cold.

A good way, if not the best way, of taking water is in the form of fresh fruit, and when fruit-stands get to be as numerous in the streets as mineral-water stands, and dishes of fruit more common on tables at meal-time, there will be less indigestion and constipation. In fruit the water is so combined with mucilaginous, saccharine, and acidulous elements that it is not so easily or so rapidly absorbed from the residues, and the residues of many fruits, such as the very wholesome banana, are larger and more pultacious than from other foods. Finally, this rational treatment of indigestion and constipation may be summed up as follows:

Take enough water with the food and a large glassful during the later stages of each digestion. Then carefully watch for an appetite for more water between meals, and satisfy it when it arises. This will cure many cases. But if the kidneys drain off this additional water as fast as it is taken, as will not unfrequently happen, especially in the beginning of such treatment, leaving the dyspeptic and constipated condition unchanged—this may be only for a week or two, sometimes longer—the treatment must

be persisted in, remembering that it naturally takes about as long to break up a bad habit as it did to establish it. This will generally correct the condition, and once corrected properly, the normal supply of liquid—water—will, after a time, prevent a recurrence of what never could have occurred under the laws for a healthy economy. In fact, a copious supply of water is as necessary to the internal as to the external cleanliness of the animal economy, and no system of individual digestion and assimilation, or drainage and sewage, can be natural or effective without it. Internal cleanliness is quite as near to Godliness as external, and is as much the law of health, and as a law it has been quite as long known, quite as often broken, and with the same penalties.

This age is favorable to every species of improvement. Darkness, superstition, and ignorance have passed and are known only as things belonging to the past dark ages, and we live under the first general dawn of the human intellect. Every day produces some new discoveries made in nearly all the sciences, which look more like magic than human agencies, and which in proportion to their simplicity reveal the true workings of nature.

The advancement in the progress of the science and art of medicine is becoming so rapid that already are the rays of its light illuminating the minds of the judicious searchers after truth in the profession, who have already lasting impressions of a conviction of the truth, of seeing nature in disease; that prevention is far greater in worth than cure; that sanitation is the true channel for the perfection of the science and art of medicine; that we are evidently approaching the dawn of that period, predicted by the great Dr. Symes, "when physicians will be divided into two classes—sanitarians and surgeons." Thus we are fast abandoning the active remedies which have been carried to too great an extent by fanatics (and who is there among us whose name, properly enrolled, was not at some time during life found on that same list of fanatics?) and begin to turn our attention to the volume of nature, which, upon diligent research, will amply repay us with the blessings of the law of health, when we shall be able to fully conclude with the redoubted Sir John Falstaff, who, in one of his farthest reaches of repentance, says: "I'll purge and leave sack, and live cleanly, as a nobleman should do." We are no longer groping our way amid the dust and cobwebs of the dead past, but are living in the active, stirring present, with our eyes open to the progressive future, ready to adapt ourselves to the new and better order of things which we hope and believe it will bring. Thus the time has come when the people throughout the civilized world begin to read and think for themselves; to learn things and not words; to exercise their judgments in matters which concern their welfare and that of their families; to inquire not only to learn the cause of disease, but also to search for the true method in nature to prevent it.

Hence, the physician of the present age has need of much and varied knowledge concerning the economy of health, in order that he may give intelligent advice to his trusting patient, as well as freely record and publish his experience to enlighten the profession and aid in establishing facts in science. Thus, we have the voice of Dr. Parks, of England: "It has been proven over and over again that nothing is so costly in all ways as disease, and nothing is so remunerative as outlay which augments health, and in so doing augments the value of the work done." In conclusion, let me say, with emphasis, that it behooves us, as rational beings, to admire the M.D. who sees nature in disease, as we adore the D.D. who sees God beyond sect.

"Not in vain the future beckons,
'Forward! forward!' let us range:
Let the great world speed forever
Down the ranging groove of change."

OBSERVATIONS ON INTERMITTENT FEVER.

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SIDNEY, IOWA.

INTERMITTENT fever is one of the oldest diseases of which the human family has any history or has been subjected to, as well as being of the mildest form of the malarial type, and is liable to be confounded with several diseases of the nervous system in being paroxysmal. Solomon, in one of his apothegms, says: "There is nothing new under the sun." Hippocrates, born in the eightieth Olympiad, upward of four hundred years before the Christian era, was perfectly familiar with the peculiar types of this disease as it occurred in Greece and its greater malignancy in tropical than in more temperate regions. Galen, as well as Van Swieten, speak of both

quintans and sextans. Boerhave talks of a septiman, and even octagons are mentioned. Pliny, the naturalist, informs us that a certain Improvisatori was in the habit of having a paroxysm once a year, and that exactly on his birthday, and yet he died at a good old age. By a little consideration as to the momentous agents which are productive of the primal cause of malaria—heat, air, moisture, and earth—we are not surprised at its wonderful phenomena, nor is it hard to conceive its continued existence. These four grand bodies were considered by the ancients as "elements," and for convenience I will adopt that term in the present article. We have had no means of investigating disease during the prehistoric period, yet we have reasons to believe that it was common during the latter part of that epoch. In the beginning of causes we will first speak of the sun as the great source and generator of heat (as well as a life-giving body) as one of the ancient elements, and the grandest of the four, which performs its phenomenal part in the generating of this wonderful poison. The magnitude of this stupendous globe is almost beyond ordinary calculation, and contains upward of twelve thousand times more square miles than our earth, occupying a space which would hold one million three hundred thousand worlds like this. Some conception of the enormous quantity of heat that is constantly emanating from it may be had when it is known if our earth, eight thousand miles in diameter, was a solid mass of the best anthracite coal, and heaved into the sun, it would sustain the combustion that is constantly carried on in that body but twenty-four hours. At an early period of the world's history it is probable that malarial diseases were much more prevalent than now and that in future ages they will be almost unknown, for as the earth grows older its capacity for containing inhabitants grows larger by the crumbling of rocks and mountains. Lakes are filled and become dry land. In consequence of the heavy drifts from the higher to the lower regions, islands are formed at the mouths of great rivers. Our earth, being almost in its infancy as a habitable globe, is subject to much more aqueous vapor than can exist when a much smaller portion of the surface is covered with water, as is the case with the planet Mars, whose surface is but one-third water and in its decrepit old age.

The atmosphere, another of the ancient elements, is that body of air-vapors, electric fluids, and other substances which surround the earth to a certain height. It might be compared to an aerial sea, gravitating to the earth, revolving with it in its diurnal rotation around the sun at the rate of sixty-eight thousand miles an hour, in the bottom of which we live and breathe, like the "Ray" tribe of fishes in the bottom of the ocean, in consequence of their being destitute of an air-bladder to buoy them up. In its natural state the atmosphere is composed of nitrogen, seventy-seven parts, and of oxygen, twenty-three parts, with a very small quantity of carbonic dioxide, aqueous vapor, ammonia, and carburetted hydrogen. The ratio of nitrogen and oxygen is always uniform. The density or specific gravity of the air is always greatest at the surface or level of the sea and decreases as we ascend to the higher regions. At the height of twenty-eight miles it is two hundred and fifty-six times rarer than at its base, and at the height of five hundred miles it has been computed that a cubic inch suitable for inhalation at the surface of the earth would be so much rarified that it would fill a hollow sphere equal in diameter to the orbit of the planet Saturn, which is one billion eight hundred million miles in diameter. The air, being elastic, is so little compressed as persons ascend the higher regions that the breathing becomes difficult and painful; the hands and feet swell; they are sometimes seized with hemorrhage of the lungs. It also becomes clearer as the altitude increases and so light as to be unable to support the clouds. Though invisible, it is one of the most important constituents of our existence. We could live for a few days without drink or sleep, weeks without food, months without the lights of heaven, but if we are deprived for only a few seconds of air our lungs collapse and refuse to expand, the heart ceases to beat, we grow faint, and sicken and die.

Water, the last of the "four ancient elements" as mentioned, is the productive body of the moisture which, in connection with heat, earth, and air, develops malaria, or, as it is sometimes called, "koino miasmata." Water, which is composed of oxygen, eight parts, and hydrogen, one part, is never pure unless made so by distillation. Rain-water is next to the distilled in point of purity, having undergone a natural distillation from the earth, is condensed in the form of rain, and is pure enough

for all general purposes. But there is one serious objection to rain-water: in its descent from the clouds it becomes impregnated with whatever may be floating in the air. The smoke through which it passes in large towns and cities changes its component parts, so that if long kept will render it liable to spontaneous changes. It becomes filled with animalculæ and putrid. It has been said by a learned scientist that every drop of impure or undistilled water contained millions of animalculæ, and that they lived and thrived without crowding. At present we only wish to call attention to stagnant waters—those of ponds and low, marshy places or countries which are filled with the remains of animal and vegetable matter constantly undergoing decomposition, and imparting nutriment to a succession of living plants and insects which supply the place of those which have perished.

Hence, we find the four ancient elements acting together producing malaria, malaria producing a paroxysmal fever, in the same sense as the researches of physical philosophers have shown that heat is convertible into electricity, that electricity is convertible into magnetism, magnetism into mechanical or chemical force. The demonstration of the existence of malaria by chemistry has so far been one of the unsolved problems. Webster says malaria is bad air; air tainted by deleterious emanations from animal or vegetable matter, especially noxious exhalations of marshy districts capable of causing fever or other diseases. "In the medical nomenclature of this country the term 'malaria' is synonymous with swamp or ague poison" ("Pepper's System of Medicine," vol. i, p. 589). It is the poisonous principle of a febrific agent, which makes its appearance in a gaseous form. A considerable degree of humidity at a certain temperature is necessary, as malaria is seldom generated under 60° F. It is seldom abundant when the temperature does not rise above eighty degrees and remain for a considerable length of time. It is not necessary for moisture to be in great abundance for the production of this toxic agent. Heat is indispensable, and the more, the greater the effect. Its most frequent haunts are marshy, stagnant pools, borders of lakes, and the oozy banks of rivers. As to the kind of soil, the clayey, or argillaceous, is generally admitted to be most favorable for the development of this effluvium. Frequent rains during the summer, as well as storms, have a powerful tendency to mitigate the amount of poison floating in the atmosphere by so transporting and diluting it as to render it almost or entirely inert and the country salubrious. The most favorable time for malaria is just after rains, when the weather is hottest and the waters begin to grow scarce and stagnant.

We have learned by experience that malaria is ponderable and has certain physical properties, as well as general effects on the system; possessing a greater specific gravity than the atmosphere; obeying the law of gravitation and moving around closely to the surface of the earth during the night and rising more or less during the day, its greatest dissemination being noonday, and its greatest virulence has been proven to accompany the setting and precede the rising of the sun. In a quiet state of the atmosphere miasm may be intercepted in its passage from one point to another by dense forests, high walls, fences, chains of high hills, mountains, water, etc. It is frequently found where there is no apparent vegetation, as among the crumbling granite and on arid plains, where water lies near the surface.

Seasons of the year influence malarial diseases. Vernal intermittents are much milder, as a rule, than autumnal. When the summers are short, although very hot, they are not very prevalent. The way in which malaria enters the system is through the lungs and perhaps stomach and skin, as gases would not have any trouble in entering either way; neither would microscopic or their spores, or animalculæ, taking the organic theory.

A fit of ague consists of three successive stages—the cold, the hot, and the sweating.

COLD STAGE.

The premonitory symptoms which characterize the forming stage of an intermittent paroxysm do not differ essentially from that in other forms. The patient complains of lassitude, frequently yawning and stretching, a feeling of great discomfort over the entire body, aching pains in the loins and legs, followed by transient sensations of cold along the spinal column; the disposition to yawn and stretch becomes irresistible, the nails turn blue, fingers and toes get cold, the teeth begin to chatter, finally, the whole frame shivers. If the case is severe the entire surface assumes a purplish hue and the patient's countenance

shows great distress. The pulse is usually small and may be irregular. Sometimes the attack is sudden, without warning, especially when malaria is in abundance. The intensity of this disease varies according to the constitution of the patient; if he is very much debilitated, a violent fit of rigors is very apt to induce a complete state of stupor or coma. The transition from the cold to the hot stage is generally gradual, the face flushes, whilst the body is still slightly chilly, but soon feels intensely hot and dry, great pain in the forehead, the eyes are injected, the thirst, dryness, and heat of mouth is intense.

At the sweating stage, when the perspiration begins to appear, an obvious abatement of all the symptoms occurs, the perspiration first making its appearance on the brow and face and gradually spreads over the entire body, until the patient sweats copiously from every pore. The pulse decreases in frequency and strength, the respiration becomes more natural, the temperature rapidly falls to the normal standard, and the headache passes away.

The apyrexia or intermission, although entirely free from febrile phenomena, cannot be regarded as a state of health, for during this interval the patient feels a degree of languor; is easily fatigued; anorexia is generally apparent with an indisposition to mental or bodily exertion; is very sensitive to cold air; countenance exhibits a pale and sickly aspect; in some few instances the appetite remains good. The stronger the indications point to imperfect health during the intermission the more difficult will it be to prevent the recurring paroxysm or the more readily will it relapse after it has been suspended. Intermittents may be divided into classes depending on their symptoms: 1. As inflammatory, which is most apt to occur in vernal attacks or when the weather is cold, and in young and robust persons. 2. Congestive intermittents, which seldom occur, but when they do it is in persons of exhausted constitutions or habits. 3. The gastric variety is very common during the autumnal season and is characterized by prominent symptoms of irritability of the stomach, excessive vomiting of bilious matter, great pain in the forehead and temples, yellowness of the skin, and albuginea, sometimes diarrhœa. 4. Malignant or pernicious intermittents belong to a hot climate; they are of frequent occurrence in the Southern parts of the United States, and increase in frequency and intensity as we approach the equator, and are always of the most dangerous character. They are characterized by a very copious and fetid perspiration in the third stage, together with colliquative hemorrhage from various parts of the body, sometimes also petechia and other marks of malignancy. They run their course very quickly, death usually taking place in the third chill or paroxysm.

Ague is mostly confined to adult life, and is more common among males than females. There is a diminished susceptibility in old age and children, although I have seen it in infants only a few weeks old. The cold stage in infants is not very well marked by distinct rigors; the quotidian is the most common type with them and is distinguished by a pale and shrunken countenance, a reduction of the temperature of the surface, yawning and stretching, fingers and toes and nose become cold, manifesting the presence of this stage.

Malaria has but little effect on the negro race in this country as well as in his own. The usual types of ague are the quotidian, where the paroxysm occurs every day with an interval of twenty-four hours; the tertian, where the paroxysm occurs every alternate day, the interval being forty-eight hours; the quartan, a paroxysm occurring every third day, the interval being seventy-two hours. There are many other types mentioned by good authority, such as double quotidian, double tertian, double quartan, duplicated tertian quintans, sextans, septimans, and even octagons are mentioned.

Diagnosis.—As a rule, this is not difficult if you have a clinical thermometer, for there is no disease where the temperature rises so suddenly to 105° or 106° Fahrenheit and returns to its normal condition equally as rapid, leaving a distinct period of apyrexia until the next paroxysm. By a person who is not in the habit of seeing much malarial disease it might be confounded with remittent or hectic fever.

Prognosis.—Intermittent fever is not considered a dangerous disease, seldom proving fatal in this latitude when it occurs in good constitutions, without any particular predisposition, but if the constitution of the patient has been shattered by previous disease or other causes, and he is suffering from malarial cachexia, the case will be much more severe.

Some of the varieties of ague are of a very serious import: 1. The inflammatory, where the disease is complicated with pneumonia, is of a very grave character, the blood often undergoing acute changes, the white corpuscles predominating, giving rise to anæmia; this condition is apt to be accompanied by dropsy. 2. The congestive type, which fortunately seldom occurs in this country. 3. The pernicious or malignant, which is of frequent occurrence in hot climates. The English monarch, James I and Oliver Cromwell both died from ague contracted in London.

Treatment.—When the patient is of good vitality, little is necessary to be done during the cold stage; the patient should be kept in bed and moderately warm; for excessive nervousness or pain, a full dose of opium and pulverized gum-camphor will add very much to his comfort as well as often arresting the chill. I have often succeeded in breaking up chronic agues by giving an emetic of ipecac or a decoction of *eupatorium perfoliatum* as soon as the patient begins to feel the attack coming on.

For the excessive thirst which patients complain of in these cases I have found nothing to give better satisfaction than hot lemonade, avoiding stimulants, if possible, as they tend to increase the fever in the subsequent stage. When the patient is feeble, nervous, and exhausted from malarial cachexia or any other cause, it may be necessary to aid the vital process by using artificial heat freely, such as heated blankets, bottles of hot water, and diffusible stimulants internally with caution.

During the hot stage, considerable may be done to relieve the patient of his suffering by frequently sponging the head and body with cold water; if the febrile symptoms run high with headache, the following prescription will be a good auxiliary:—

℞ Spirit. mindererus, . . f℥xiv.
Vin. ipecac.,
Tinct. aconiti rad., . āā f℥j.

M. Sig.: One teaspoonful in a small quantity of sweetened water every two or three hours until diaphoresis is produced, giving ice-cold lemonade for a drink, a small quantity at a time. The sweating stage requires no particular treatment; the principal indication to be fulfilled is to keep the patient well covered in bed and avoid cold draughts of air.

Specific Treatment.—There is no disease in which the profession of medicine has better agreed as to the treatment than in that of intermittent fever, although they know no more about the *modus operandi* of the leading medicine than they did nearly three centuries ago, when the Spanish Viceroy's lady, the Countess del Cinchon, at Lima, was cured of an obstinate tertian ague with Cinchon. From that period it came into general use, both by the profession and the laity, using it in the form of infusion, decoction, and powder, but since that period chemists have been able to offer a great many preparations from this famous bark, which are less bulky and more convenient of administration, as well as equally effective. The sulphate of quinine stands at the head of the list as an antiperiodic as well a specific. Cinchona and its preparations, instead of losing any positive prestige after their long-continued use, are constantly on the gain. In recent cases I never give any preparatory treatment when the paroxysm is ended; I always aim, if possible, to give enough of the leading medicine, quinine, during the apyrexia to prevent a repetition of the attack, never feel like trifling with the constitution of my patient, and always administer the best remedy first; if this fail, then I try some other preparation. I never have been compelled to use it hypodermically, but often use it by enemata. When contra-indicated by the stomach, in this way I usually use not less than a drachm during the intermission dissolved in two or three ounces of warm water; if indicated, a small dose of laudanum may be added. Quinine always acts more promptly when given in solution.

FORMULA.

℞ Quin. sulph., ... ℈j.
Fowler's solution,
Sulph. acid. aro., . . āā gtt. xx.
Tinct. capsicum, . . . f℥i.
Aqua puræ, ... f℥xiv.

M. Sig.: To be taken in four doses during the intermission, in a decoction of strong, cold coffee, dividing the time.

It is frequently inconvenient for patients to carry medicine with them or take it frequently. In those cases, during the intermission, I prescribe twenty grains of sulphate of quinine and five of powdered capsicum at one dose, and it seldom fails to arrest the disease. It can be taken in cold coffee or capsules. Fowler's so-

lution acts very well sometimes in chronic agues, when the preparations of Peruvian bark have lost their effect; it is well adapted to children on account of being pleasant to take. Iron acts beneficially sometimes, when the patient becomes anæmic.

For constipation in malarial diseases, I never have found anything to act better than the following pills:—

℞ Pulv. ext. jalap,
Pulv. ext. colocynth co.,
Hyd. chloridi mite, . āā ʒj.

Misce et cum aqua fiat massa in pilulæ triginta dividenda.

Sig: Two to be taken when necessary.

SOME THOUGHTS WITH REFERENCE TO THE DIFFERENT FORMS OF DYSPEPSIA AND LIVER DISTURBANCES.

By SAMUEL BELL, M.D.,
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THE various phenomena manifested by the different forms of dyspepsia present a broad field for careful study, especially by the younger men in the profession. The physician, in order to gain and control the confidence of the dyspeptic for a period sufficient for curative purposes, to meet the varied forms and indications, must be a well-read man and conversant with the different steps in the digestive process. There are many diseases which the physician has to treat on which the dissecting and post-mortem room will throw considerable light; not so with dyspepsia, we must confine ourselves to the living subject, and without the aid of microscope or other instrument make a correct diagnosis. The vast amount of machinery required in the proper transformation of the cereals into flour demands the constant supervision of the artisan and the proper adjustment of every part—just so, to a large extent, with the human organism, every organ connected with the processes of digestion and assimilation must be in suitable condition in order that existence may be enjoyable. When all the organs in the human economy are performing their functions in harmony, living cannot well be otherwise than enjoyable. The sobriquet, "A Nation of Dyspeptics," we have borne for a long time, and it may not be altogether unmerited, though we undoubtedly have some redeeming qualities, even in the selection of our diet. Taken collectively, the American people consume as great, or perhaps a greater, quantity of fruit and vegetables than any other class of people. It is only by a careful study and clear comprehension of the normal process of assimilation that we can grapple successfully with mal-assimilation and consequent maladies which are the bane of many lives. Physiologists recognize three "ferments" which play very important parts in the process of digestion—one for the saliva, one for the gastric juice, and one for the pancreatic secretion. "Ferments work changes in other substances, changing the chemical constituents somewhat." In pursuing this subject the writer will endeavor to reason *à priori* and *vice versâ*. The various effects of mal-assimilation on the different systems of the human economy and the diversity of symptoms on different organisms make the subject a perplexing one, demanding the most profound thought from the best medical minds. Let the functions of the liver become disarranged and life will not be worth living. A noted theologian remarked in one of his flights of oratory that the state of a man's religion depends largely upon the condition of his liver. Only those who have been sufferers from prolonged indigestion know how to thoroughly appreciate the effects of the disease. Dante's "Inferno" with all its torments fired into the human system could not make an individual feel worse, as the writer can testify from personal experience. Stomachal, intestinal, and cardiac dyspepsia each has its train of symptoms.

In the first class, viz.: stomachal dyspepsia, there is a deficiency in the secretion of gastric juice, as occurs in exhausting diseases, such as diarrhœa, masturbation, phthisis, leucorrhœa, chronic discharges, and from the excessive use of tobacco, coffee, tea, etc.

In the second class there is a superabundance of gastric juice secreted. In brain and hepatic diseases, and in gouty subjects, such a condition exists.

In the third class of cases the gastric juice is changed in quality; this condition occurs in a variety of diseases, as gout, rheumatism, diseases of the kidney, uterus, gall bladder, cancer and ulcer of the stomach. Some of the diathesæ are said to produce the same effect. We often meet other forms of dyspepsia which arise from a variety of causes: for instance, impaired motion of stomach, a deficiency of

the so-called churning motion; such a condition may be caused by adhesions between the stomach and surrounding parts, omental hernia dragging the stomach from its normal position, cicatrices, new growths at pyloric extremity, a weak flabby condition of the muscular coat, pressure on the stomach from tight lacing and position assumed by shoemakers, needlewomen, writers, etc.

Solon recognized three forms of cardiac dyspepsia:—

1st. A nervous form, in which pain is the chief element. The pneumogastric is tender in its accessible points, there are frequent attacks of gastralgia and pyrosis. As the disease progresses the stomach becomes permanently dilated. This variety is observed in angini pectoris, exophthalmic goitre, and in general in cardiac disease, where the nervous element predominates.

2d. An anæmic form, pain being acute but not fugitive. The digestive functions are accomplished slowly, but in comparison with the former variety satisfactorily. In this form there are aortic lesions, stenosis, and insufficiency; there is either a continual diminution of arterial pressure or the organs are intermittingly supplied with arterial blood.

3d. A congestive form, in which, while the pain is less severe, the functional disturbances are much more pronounced. This variety depends upon lesions of the mitral valve and right heart. The last three forms are not generally described by authors on dyspepsia, but they have considerable clinical significance. Another variety of dyspepsia arises from mental emotions, prolonged mental labor, worry, anxiety, excitement, undue action of the sympathetic nervous system, organic cerebral disease, ovarian irritation, uterine diseases, and disease of one or both pneumogastrics. Another form affects some individuals after prolonged physical exercises or deficient physical exercise, walking immediately after a full meal, as is often observed in letter-carriers and those who have insufficient time given them for the proper mastication of their food. Still another, perhaps the most frequent, form of dyspepsia is caused by an improper diet. An excess of the albuminoids, or of the hydrocarbons, or a deficiency of the nitrogenous elements, impure water, badly prepared food, and often too frequent and irregular eating, as well as the influence exerted by climate, seasons, etc., all play their part in bringing about a train of symptoms exceedingly disagreeable to the patient.

Intestinal dyspepsia is a disease of frequent occurrence and closely allied in symptoms and pathogenesis to gastric dyspepsia.

It is not the purpose of the writer to discuss in extenso the various hypothetical ideas advanced by different writers. Experience teaches me that knowledge gained from any source is only valuable as it can be utilized in the alleviation of disease. A clear understanding of the various functions of the liver and pancreas during the digestive act is very necessary in the treatment of intestinal dyspepsia. The liver for centuries has remained to a great extent a blot or dark, unexplored region in the topography of the human organism. J. Milner Fothergill, in his admirable monograph on functions of the liver, describes the old physician as shrugging his shoulders and classing the changes in the urine as due to both liver and kidney, and claims that such information was held by Galen even before scientific knowledge existed in any form. They must, he says further, have been keen observers and possessing rare acumen. And, indeed, the routine practice of the rank and file of the profession when called to treat functional liver disturbances is to prescribe a blue pill, hydrarg. cum creta, or something to unload the overworked organs.

In 1860 the *status præsens* of the knowledge possessed by advanced thinkers in the profession was, as summarized by Fothergill:—

1. The bile was not merely excrementitious as regards the blood; it was useful in the digestive act, emulsifying fat. 2. The crude albuminoid products of digestion in the gastro-intestinal canal were further elaborated by the liver, and fitted for the nutrition of the tissues of the organism. 3. The saccharine elements of our food underwent some changes in the liver, being converted into glycogen or animal starch, and this again in the presence of an animal ferment was transformed into sugar, which was burnt in the blood.

In 1874 Dr. Murchison placed the glycogenic function of the liver as first in importance instead of the secretion of bile. For these valuable researches and contributions we are indebted to Claude Bernard, whose labors in this and many other directions are invaluable to the physician in his treatment of disease.

The above recapitulation of physiological

facts with reference to the functions of the liver has not a little clinical significance. Derangement of the glycogenic functions of the liver gives us diabetes; but the principal derangements of the liver are connected with the metabolism of the albuminoids, and this fact it is requisite for the physician to keep ever before his eye when putting his physiological knowledge to the crucial test, viz.: clinical application. We recognize by the above facts that the liver is the storehouse of our fuel, in the form of glycogen; and this is changed into sugar, as is required by the wants of the organism by a ferment in the liver itself. By such means the regular supply of sugar is furnished to the blood. Our information upon the functions of the liver seems to be pretty well established; but with reference to the second function not so definite. We recognize the destruction and waste of the surplus albuminoids; we begin to see that lithæmia is a disease primarily of the liver, and that the waste matter in the blood produces structural changes in the kidney, also that when oxidation is imperfect nitrogenous matters suffer most. But what we most desire to know more about is the further elaboration of the proteid matters which have been changed into the peptones in the digestive canal. This has to do with the liver. A further elaboration goes on there, and disturbance in the liver gives us malnutrition, also it seems that the liver acts as a filter, allowing certain nutritive matters to pass onward, while it arrests other matter whose presence is deleterious to the system. Dr. Brunton, F.R.S., claims that the liver has another function besides those usually assigned to it, viz.: that of preventing the digestive ferments from reaching the general circulation, so as to act on the tissues. "Professor Albertoni and Dr. Schmidt-Mühlheim, independently made the discovery that peptones prevented the coagulation of blood in dogs, and the latter, under Ludwig's direction, has also investigated their action upon the circulation. He finds that when injected into the veins they greatly depress the circulation, so that the blood pressure falls very considerably, and when a large quantity is injected they produce a soporose condition, complete arrest of the secretion of the kidneys, convulsions and death." From these experiments he concludes that the normal products of digestion are poisons of considerable power, and that if they reach the general circulation in large quantities they produce alarming or dangerous symptoms. From the above conclusions, and following out the same line of reasoning, we can readily obtain evidences of toxæmia and anæmia in cases where there are disturbances of the functions of the liver. The oft-quoted term, "biliousness," is another form of indigestion or liver disturbance, which should be carefully investigated, especially in the young, as continued bilious attacks will produce dyspepsia later in life. The bilious condition may arise from "imperfect elaboration of the products of digestion in the gastro-intestinal canal, or from imperfection in the filtering process." In children, and in many cases with adults, the "bilious attack" will be caused by overindulgence in rich food; headache, nausea, and vomiting occur, and sometimes purging, giving relief for the time being. The mother will readily explain away the cause of the attack, in a most unhesitating manner, by saying the child has eaten too much rich cake, sweets, butter, etc. She will also remark that an excess of these articles of diet very frequently causes an attack of biliousness. Fothergill claims that this is a popular error with reference to the cause of the attack into which not only the mothers have fallen, but many worthy practitioners. Ploz Gergyai Drosdorff, and the more recent experiments of Ludwig and Schmidt-Mühlheim, prove conclusively that the cause of these liver disturbances is due to the metabolism of the albuminoids in the liver. The readily oxidizable hydrocarbons burn up quickly without trouble, unless it is the heart-burn excited by some fatty acid in the stomach. Liebig pointed out that the union of nitrogen with other elements interfered with the ready oxidation of the compound so formed. The albuminoid tissues do not themselves burn, but the food fuel in them—the coals in an engine give forth heat, not the engine itself. "It is the albuminoids, in their metamorphosis from peptones into bile acids and urine solids, which cause the trouble. The filtering of peptones, the elaboration of albuminoids, the construction of white corpuscles, the relations of the liver to matters for histogenesis on the one hand; its relations to histolysis on the other; its being the furnace in which waste and surplus nitrogenized material, old, effete blood-corpuscles, are burnt, and the luxus consumption of albuminoids, which are split up into fat and urea;" all

these conditions enter into the phenomena of liver disturbance.

The further discussion of the subject will be continued in another article, when medicines, dietetics and artificial digestives will be considered with their application to the various forms of dyspepsia.

EPIDEMIC DYSENTERY.

By H. LAWRENCE JENCKES, M.D.,
HAZEL GREEN, WIS.

IT is generally admitted that epidemic and sporadic dysentery are essentially the same. Certainly no symptom or event occurs in an epidemic which may not occur in the sporadic form of the disease.

Although epidemic dysentery is often very fatal, yet in all epidemics cases of the mildest nature frequently occur.

Etiology.—That a tropical or subtropical climate acts as a factor in producing it seems probable from the history of many epidemics. Dunglison mentions* "heat and malaria as predisposing causes."

Certain facts respecting the genesis of this disease have, however, been established. That the specific cause frequently coincides with that of paludal fevers is mentioned by many. Flint, Dunglison, Hartshorn, Heubner, Whittaker, and Palmer mention this, yet all agree that epidemic dysentery occurs where malarial fever is unknown. Excessive fatigue and insufficient food are frequently mentioned as predisposing causes; yet, without the presence of the specific poison, they are insufficient to produce the disease.

Dr. Whittaker, in his article upon dysentery, aptly says:† "The prospect of reconciling the accumulated discordant facts is very discouraging." Respecting the nature of the specific zymotic influence we know nothing. By many, however, it is presumed to be of a bacterial nature.

Mortality.—The mortality varies within very wide limits.‡ "According to the English physicians in India, every tenth man, and in certain provinces every second man, has an attack of dysentery. The mortality from this disease amounts to 30 per cent. of the whole mortality. In Peru epidemics occur with a mortality of 60 to 80 per cent." From observations made in these latitudes it appears that the mortality ranges from 7 to 15 per cent. In an epidemic which occurred in the summer of 1887 the writer had personal supervision of sixty one cases, excluding a case that died a few hours after it was seen. The mortality was 8.2 per cent.

Contagiousness.—A question, and one of very great importance, is whether the disease may be transmitted from one person to another. This question naturally arises in all epidemics.

Hippius,* from a study of two thousand five hundred and seven cases, is of opinion that epidemic and sporadic dysentery are identical, and that every case must be considered of contagious nature. Though in just what way sporadic cases become thus infectious cannot as yet be explained.

Professor Heubner, that erudite man and accurate observer, says:† "The majority of observers deny, though reservedly, that it is contagious. Van Geuns says of the Harling epidemic, that although the soiled clothing and bedding of those who died of the disease were sold to other people, no one had taken the disease from them. Zimmerman, and also Bold, later Annesley and Hauff, do not consider the disease as originally contagious. All say that it becomes contagious later in the course of the epidemic, and that a person takes the disease not directly from another person, but from the alvine discharges of the patients."

Pertaining to this question, Prof. A. Jacobi says:‡ "It is certainly contagious, and may be transmitted by soiled clothing, towels, or water-closets."

Upon this question Dr. Whittaker expresses himself thus:§ "The evidence in favor of contagion is in some cases too strong to be ignored, but the existence of a specific germ has not yet been determined, and it is held that at the present time dysentery must be regarded as a malady which stands in close relation to or finds a better analogy in cholera than typhoid fever."

Prof. A. B. Palmer acknowledges that the question is a difficult one to decide. The fol-

* Dunglison's "Practice of Medicine," vol. i.
† Pepper's "System of Medicine," vol. ii.
‡ Ziemssen's Cyclopædia, vol. i.

* Deutsches Archiv f. klin. Med., Bd. xl, H. 3 und 4, 284. From American Journal of the Med. Sciences, Oct. 1887, p. 540.
† "Ziemssen's Cyclopædia," vol. i, p. 528.
‡ "Intestinal Diseases of Children," p. 280.
§ Review article in American Journal of the Med. Sciences, Jan. 1886.

lowing are his words:* "If by contagious disease is meant one produced by a poison generated in the body of the person affected by the disease, and communicated to others, producing the same affection which is ordinarily produced in no other way, there is no sufficient proof that dysentery is contagious; indeed, there is abundant proof that it is not. But if by contagion is meant the transmission of a disease from a sick person to a healthy one by a product emanating from a sick person, whether generated or multiplied in the body or merely passing through it, and if it is admitted in this definition that the disease is often produced in other ways, then it is possible and even probable that dysentery is contagious."

From the brief *résumé* we have furnished it would seem that a slight degree of contagiousness is attributed to dysentery, and that the morbific agent producing the contagion resides in the alvine discharges.

Treatment.—It must not be inferred that because the natural tendency of the disease is toward recovery that treatment is unnecessary or useless. For surely by appropriate treatment much pain and suffering may be mitigated. The duration of the disease in many cases may be shortened, and in not a few grave cases recovery may be brought about which for the lack of treatment would certainly be lost. Among the many remedies which have been and are still used in treating this disease, but one is spoken of as a specific; we refer to ipecacuanha. Many English physicians, among whom may be mentioned Fagg, Maclean, and Ewart, speak in no uncertain terms of the curative power of ipecacuanha in dysentery. None advocate the frequent repeating of small doses of the drug, but insist that from a scruple to a drachm should be given at intervals of twelve hours.† Ewart states that "the mortality in India has been reduced from eighty per thousand to twenty per thousand" by this mode of treatment.

Concerning the treatment by ice-water enemata, so highly spoken of by Michaelow,‡ I have had no experience. But frequently I have seen beneficial results follow enemata of large quantities of warm or hot water, and have known patients to ask that they be frequently repeated.

Dr. Beatson* highly recommends the tincture of aconite in one-minim doses half-hourly for eight or ten hours, then one minim hourly.

The experience of all observers confirms the beneficial effect of laxative measures. Let an emetic of ipecacuanha be administered in the beginning of the attack, and let it be followed by a laxative dose of castor-oil or of calomel, by the sulphate or the phosphate of soda. And if opium be also used, let it be as sparingly given as is consistent with the comfort of the patient. The laxative treatment, conjoined with irrigation of the bowel and suppositories of opium, will probably continue to be the most usual treatment of this affection until it shall be proven that ipecacuanha is a specific in dysentery.

* "Modern Views of Diarrhœa and Dysentery," p. 66 et seq.

† Quain "Dictionary of Medicine." Article, Dysentery.

‡ An abstract in London Medical Record, March 15, 1881.

MEDICO-LEGAL CASES.

HENRY A. RILEY, ESQ.,
NEW YORK.

AN interesting case has been decided in the Texas Court of Appeals, where the Western Union Telegraph Company failed to deliver a message to a physician, asking him to attend a lady in her confinement. The messenger went twice to the office of the physician, but, not finding him, made no further effort to deliver the telegram. In the meantime the lady gave birth to a still-born child, and her husband brought suit against the Telegraph Company for damages.

The court decided that a suit would properly lie for injuries suffered by plaintiff's wife, but that he could not recover for his own anxiety and sympathy. It said: "We do not think the death of the child before birth and the grief or sorrow occasioned thereby can be an element of damages in this character of suit. If it is made to appear from the testimony Mrs. Cooper suffered more physical pain, mental anxiety, and alarm on account of her own condition than she would have done if Dr. Keating had been in attendance upon her, and the failure to secure his service is shown to be due to the want of proper care on the part of defendant's servants, whose duty it was to deliver the message, a fair and reasonable compensation should be allowed for such increased pain and mental suffering; but the death of the child, the bereavement of the parents, and

* American Journal of Med. Sciences, January, 1889, p. 64

From the Indian Medical Gazette.

their grief for its loss cannot be considered as an element of damages. Such damages are too remote. They are the result of a secondary cause, and ought not to be allowed to enter into the verdict. This is not an action under the statute for the death of a child, and if it were injury to the feelings of the parents could not be a basis of recovery by them.

"Injury to the mother alone, her physical pain, and mental suffering because of her own condition would be a proper consideration; and it would be correct to allow proof that the child was still-born, if such fact tended to show that her labor was thereby prolonged and her suffering so increased.

"It is impossible to see upon what principle the husband can claim damages for injury to his feelings. His suffering could only be from alarm and sympathy for his wife's suffering. His distress is merely a reflection from her distress, and that might be very considerable, but it is too remote and consequential. She is allowed to recover in this suit, or, rather, he is under the forms of law, on account of her injuries of body and mind. To allow them damages for the same injuries would be to allow two recoveries upon the same cause of action."

In a recent case in a Georgia court an interesting decision was given in regard to the acceptance of testimony by a person whose sanity was under question. The witness had given his testimony to a commission before the trial of the case, and then became insane, and the point to be determined was the question of his competency. The court on appeal said: "Turner, after being examined as a witness in behalf of the plaintiff below was found to be a lunatic or insane and was committed to the lunatic asylum of South Carolina, the State of his residence. Upon the offer to read his testimony as taken by the interrogatories, evidence taken from other witnesses *pro* and *con* was before the court, and it was insisted that the court should look into this testimony and decide whether the witness was sane or insane at the time he was examined by the commissioners. The judge declined to pass on the question, but said it was a matter for the jury, the presumption being that the commissioners would not have taken the testimony if the witness had been insane."

Upon an appeal the court decided that the testimony was properly given to the jury, and that they were the persons to decide as to its weight, the presumption being that it was the testimony of a sane man.

The Iowa Supreme Court has recently had before it the question as to the proper way to construe a life-insurance policy, which declared that it was to become void, "if the member shall commit suicide, felonious or otherwise, sane or insane." Such a policy, the court held, was made void by the suicide of a person while temporarily insane, and in no manner conscious or responsible. It is difficult to see how a court could adjudge differently, but decisions in some of the States seem to indicate that it is impossible to prevent under any clause no matter how strongly worded, the recovery of the insurance on the life of a person committing suicide when temporarily insane. The policy in the Iowa case would not prevent a recovery where death ensued after taking poison by mistake, or on account of the accidental discharge of a gun in the hands of the deceased.

Cities must not allow their sewerage to pass into streams the waters of which are used by persons living along the banks, or they will become liable in damages, is the purport of a recent decision in the New York Court of Appeals, where the city of Rochester was the defendant.

The papers mentioned not long since that the Governor of Illinois had reversed the action of the State Board of Health in revoking the license to practice medicine issued to a Dr. Wildman. Dr. Wildman had advertised himself extensively in the newspapers, and the Board of Health, considering this contrary to medical ethics, had revoked his license. The action of the Governor was based on the theory that the deprivation of his license was a punishment not warranted by the facts of the case. If advertising a physician's skill is contrary to medical ethics, it is not any violation of the law of the land.

The statistics of crime show that during 1888 there were eighty-seven legal executions in this country, while the unofficial hangings carried out by the followers of Judge Lynch were one hundred and forty-four in number.

This certainly does not augur a strong belief

in the efficacy of courts and juries to punish crime, but is, on the contrary, proof of the lawlessness which is rampant in the community.

It is an interesting fact in this connection to note that Austria has just returned to the practice of capital punishment. For ten years not a single person has been punished with death in that country, and it is said that the refusal by the Emperor Francis Joseph to sign death-warrants is due to the grief caused by the execution of his brother, the Emperor Maximilian of Mexico.

THERAPEUTIC NOTES.

PYROGALLIC ACID IN ECZEMA.

I would like to have physicians try pyrogallic acid in the treatment of eczema. Tannic acid has long been used in the treatment of skin diseases, and pyrogallic acid has answered well in epithelioma.

I would be pleased if the following local application were tried:—

℞ Pyrogallic acid, . . . ʒj.
Glycerin, ... fʒij.

Use as a local application at night and wash off in the morning, and reapply again at night, *pro re nata*.—L. G. DOANE, in *Med. Brief*.

RHEUMATIC JOINTS.

℞ Acidi salicylici, . . . ʒi–iss.
Lanolini, ... ʒiij.
Olei olivæ, . . q.s. ad fʒvj.

M. Sig.: Apply as directed.—DR. A. M. ZEBALD.

FOR CONGESTIVE DYSMENORRHŒA.

℞ Antipyrin, ... gr. ix.
Ext. cannabis indicæ,
Ext. digitalis,
Camphoræ, . . . āā gr. $\frac{3}{20}$.

Sig.: For one cachet. To be taken every two hours until the pain ceases, but not more than six to be taken.—DR. P. MENIERE, Paris.

FOR UTERINE HEMORRHAGE.

℞ Ergotæ, ... ʒiiss.
Ferri subcarb., ... ʒiiss.
Quininæ sulph., ... ʒss.
Ext. digitalis, ... gr. xv.

M. et in pil. no. c div.

Sig.: Two to be taken at each meal. Intermit the medicine every three days.—PROFESSOR GALLARD, Paris.

ACUTE TONSILLITIS.

℞ Potassii bromidi, . . . ʒiv.
Potassii chloratis, . . . ʒj.
Tr. ferri chlor., . . . fʒiiss.
Ext. glycyrrhizæ, . . . ʒj.
Aquæ, . . . q. s. ad fʒiv.

M. Sig.: A teaspoonful in water every two hours. Gargle and swallow.—DR. CARL SEILER Philadelphia.

DYSMENORRHŒA.

℞ Fl. ext. cimicifuga, . . . ʒij.
Fl. ext. gelseminum, semper-virens (green root), . . ʒj.

M. Sig.: Ten drops every two or three hours. Begin treatment one day prior to expected menstruation.—DR. Z. T. HOUSMAN.

GOUT.

Dr. Loomis suggested the following gout pill:—

℞ Ext. colchici aceticí, . . . gr. j.
Ext. aloes, ... gr. j.
Pulv. ipecac., ... gr. j.
Hydrarg. chlor. mit., . . gr. j.
Ext. nucis vom., . . . g. $\frac{1}{4}$–ss.

M. ft. pil. no. i.

Sig.: To be taken every four hours until it purges.

These pills may be carried about and employed at the first sign of an attack. They will often abort it.

CACTUS GRANDIFLORUS IN HEART-DISEASE.

Dr. Jones gave notes of cases in which the remedy had been used, and the results appeared to show that this remedy may be used as a substitute for digitalis when that remedy is inapplicable, owing to its overstimulating action, and in cases of feeble heart. The final stage of the action of the drug is that it strengthens the heart and consequently improves the circulation, so that the result of the exhibition of cactus is the reverse of that seen in digitalis.

ENLARGED PROSTATE.

The medicinal treatment of enlarged prostate is not very satisfactory. The use of ergot has been followed by good results. Its power to stimulate non-striated muscular fibre renders it as applicable here as in uterine myoma. It has also a beneficial action on the blood-vessels and walls of the bladder, lessening congestion and improving the weakened muscles of the bladder in atonied conditions. Langenbeck has used it for this purpose with success.

GOLD FOR WHOOPING-COUGH.

Dr. George W. Rachel recommends chloride of gold and sodium for whooping-cough. He gives two minims of a 2 per cent. solution every two hours.

FORMULA FOR ANTIFEBRIN.

The following formula is a pleasant and convenient form of administering antifebrin, viz.:—

℞ Antifebrin,	℈ij.
Alcohol,	f℥ij.
Glycerin,	f℥iij.
Aquæ cinnamomis,	f℥j.
Syr. simplicis,	f℥iij.

M. Sig.: One-half teaspoonful to two teaspoonfuls every two to four hours, according to age and necessities.

The alcohol prevents the disposition to depression on the part of the drug.—I. N. Love, M.D., in *Weekly Medical Review.*

TONSILLITIS—CROUP.

Two remarkable articles appear in the editorial columns of The Medical Register of January 12, 1889, illustrating the advantages of aiming specifically at the cause of disease.

Regarding indigestion and rheumatism as the source of tonsillitis, the writer reports constantly successful use of salicylate of sodium, ten to fifteen grains every three to four hours. If seen after suppuration has occurred, sulphide of calcium, one-tenth grain, five to ten times a day, is required. The recognized value of guaiac in this disease would seem to fall in with this line of thought.

The other article relates to croup. "In the early stages of croup, say, in a child from two to five years of age, a single two-grain quinine pill, given when it is gasping for breath at about two o'clock in the morning, will be followed almost immediately by relief. In the course of fifteen minutes the voice will return, the parents will be relieved of anxiety, and the doctor can go home and rest contented that there will be no more trouble in that family for the next twenty-four hours."

In regard to the treatment during the day he says: "The treatment of the disease is based upon the fact that we have to deal with an abnormal secretion, and we have a remedy in the sulphide of calcium which will exert a powerful influence upon its development. Instead, therefore, of ordering the nauseating ipecac we should give a small portion of this comparatively harmless remedy In the worst cases one-tenth of a grain will accomplish all that could be wished for; larger doses appear to exert no better effect than the smaller ones. . . . As a rule, the first signs of on-coming croup may be satisfactorily overcome by the measures suggested, and for the general class of such cases it will be necessary only that the little patient should continue the treatment for a few days or, at most, a week." Shall we believe that we may yet feel safe with a case of croup? —*Med. World.*

EVIL OF WORM MEDICINES.

Atkinson ("Hospital Notes," Phil. Med. Times) thinks it desirable never to give worm medicines proper till one is made sure that worms are present by the only positive sign—having them passed. He says that scarcely a week passes in which he does not have a child brought to him who has been materially hurt by being dosed for worms. For thread-worms he considers injections of a strong solution of iron about the best remedy.

CHRONIC CATARRH.

Hypophosphite of lime is very useful in chronic catarrh of the air-passages. It is also of value if taken at the commencement of a "common cold in the head," and occasionally helps to cut it short.

℞ Calcii hypophosphatis,	gr. x to xv.
Spiritus chloroformi,	♏viij.
Tinc. cardamomi,	♏xij.
Aq. camphoræ,	f℥j.

M. fiat mist. t. d. s.

GLYCERIN CLYSTERS.

A glycerin clyster, it is now very generally known, is an extremely convenient, cleanly, and apparently harmless method of emptying the rectum. Dr. Kroel, of Hamburg, has improved on the method by using suppositories made of cocoa butter and inclosing the dose of glycerin. Dr. Greenock, of Brighton, finds that a small piece of absorbent cotton soaked in glycerin is as effectual and more simple. Another correspondent of the British Medical Journal has found suppositories of glycerin and gelatin effectual, and they are certainly very clean and "elegant."—Dawson Williams, in *Phila. Med. Times.*

The same results can be secured, probably, more easily by using a rectal capsule made of good gelatin. The patient can fill the capsule and introduce it at any time.

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Publisher.
S. C. BERGER, Business Manager.

Philadelphia, March, 1889.

THE TREATMENT OF ASTHMA.

NUMEROUS are the remedies for the relief of this intractable malady, but few of them are of great value. Theoretically they are all useful, and when the conditions are favorable a certain remedy may be found very efficient. At this season of the year there will be many cases occurring to the general practitioner, and what he fails to learn now may at some future time come in for a share of attention. Especially is this observation true of those cases of summer asthma which seem to be gradually, but certainly, on the increase. A brief reference to some of the various remedies employed will, therefore, prove acceptable reading.

The use of nitre in some way has been known for many years, and in combination with stramonium or other leaves it will often prove an effectual adjuvant to other methods; but we must remember that it is but a palliative measure, and good for the time only. Ipecacuanha has also been long in use, and in a general way compares with lobelia, but the latter is the more frequently indicated. The objection to both is due to the bad effect produced upon the patient; the remedy appears to be about as bad as the disease, although many cases occur in which lobelia may be used without producing extreme prostration. The same cannot be said of ipecacuanha. Evidently the value of these remedies depends upon some active principle which affects the nervous system, whereby we secure a redistribution of the blood in the pulmonary circulation through the nausea which they produce. This reminds us of the advice of an old doctor called in consultation by a recent graduate who had failed in his attempts to overcome a rigid os during labor. The old man had seen cases of this character before, and was not long in giving his opinion, which was short, but to the point: "Quill her, d—— her, quill her." Accordingly the quill was procured, filled with snuff, and inserted into the nares of the woman in labor, and with a single whiff the whole mass deposited in the nasal cavity. After that the labor was of short duration.

Inhalations of ether, chloroform, etc., have been highly recommended, and may be used when suitable cases present themselves and the facilities are at hand. In these cases the action of the inhalant upon the upper air-tract must not be overlooked. Indeed, it is now claimed by those who have given the matter considerable study that few cases of so-called spasmodic asthma will resist appropriate treatment directed to the nose and throat, and through the local action of cocaine many stubborn cases have been greatly relieved. Occasionally surgical measures will be demanded, but the great value of cocaine should not be forgotten. It may be applied locally, either by insufflation or by the use of small tablets introduced into the nares. The iodides have had a great run, because asthma was assumed to be dependent to some extent upon accumulations of mucus in the bronchial tubes, and the iodides being recognized as efficient agents for the removal of the products of inflammation, they may be appropriately given here.

And this leads us to mention the theory of asthma which has long prevailed, that of its being due to bronchial spasm. We have had nothing thus far to prove this theory to be correct, and, what is more, there are very good reasons to believe that the facts do not warrant such a conclusion. The use of trinitrin (nitroglycerin) and its almost miraculous effects in these cases apparently refutes the theory, and indicates that the spasm, if any exists, affects the finer capillaries on the arterial side. Trinitrin overcomes this spasm; the face, which was blanched, becomes red; the blood is forced into the smaller vessels, and in from three to five minutes after the ingestion of a drop of a 1 per cent. solution this action will be noticeable, and the patient is shortly made to feel comfortable. Electricity is not without its advocates, and the modern panacea,

antipyrin, has been put forward as a new drug of inestimable value.

All these remedies, while they have their advocates and find a limited field for use, are in the main unsatisfactory, and about the only permanent good we can accomplish for our patient must be gained by a change of climate, and that matter cannot be decided upon beforehand, as we are not in a position to determine with certainty whether it should be moist or dry, hot or cold, whether the patient should live in the neighborhood of the seashore or the more mountainous regions. There is still a method which we have purposely omitted until the last, and that is the use of oxygen, a remedy which is now largely used for various purposes. By its use we are not compelled to send our patient away from his home and his business, as we are prepared to supply him with just the kind of air which is found to be best suited to his wants; just as we determine the climate demanded on the part of asthmatics, so we may settle the question of the kind of air which he needs, and supply him with it, hot or cold, moist or dry.

LIFE INSURANCE RUN MAD.

A FEW years ago the community was startled by the announcement of the frauds which were perpetrated under the guise of life insurance. Old men and women who desired to live were beguiled into a plot which insured that they would die. We have scarcely recovered from the magnitude of that swindle when we are astonished at the inertia attained by the pendulum in swinging to the other side. Policy holders are now insured to live; but if they do not live, their relatives make money all the same. For the paltry sum of forty dollars yearly, paid in monthly installments, a man is promised at the end of seven years a thousand dollars in a lump. In other words, he is practically promised something for nothing. In case he is a poor man, and has a family to support on a dollar and a half a day, he can unite with one of these new-fangled associations and when sickness overtakes him, or if he does not feel very well and wants to lay off, his membership is good for twenty-five dollars per week, cash and no discount.

It is, of course, well known that these extravagant promises cannot be fulfilled by any legitimate financial operations, even with the use of the money which is paid monthly; it is too infinitesimal. But the money is paid with the understanding that it goes for sick benefits and incidental expenses in addition to creating a fund for the final payment of the bond. What is most surprising about the whole business seems to be the possibilityof securing the favorable attention of medical men in furthering such enterprises. They ought to know something about the expectation of human life, and not be misled by such egregious and impossible claims as have been put forward. An incident occurred lately within the knowledge of the writer in which a practitioner of several years duration openly offered to wager that an association certainly would be able to pay the one thousand dollars at the expiration of six years. How many thousands of people have been gulled by this transparent scheme to gain their hard-earned pennies it would be impossible to say, but when it is known that many of these associations are not permitted by law to do business, and that they are fraudulent because impossible of performance of promises held out, physicians should be chary of associating with them.

HEALTH OF PHILADELPHIA.

THE past year has been one of marked prosperity for the great city of Philadelphia. Building has been extremely active, and several thousand persons have actually for the first time settled in their own homes. The health of the city has shown the result to be most desirable; the number of deaths from consumption have not increased in the aggregate within the past five years, and with the exception of infant mortality under five years the number of deaths have been about fourteen to the one thousand, a remarkably favorable showing, notwithstanding the unsatisfactory sanitary condition of the streets and sewerage. The bad effect of the insanitary conditions just mentioned may be estimated when it is stated that the deaths of those under five years were seven to the thousand, a death-rate which is overwhelming. Something should be done

by our Councilmen for the purpose of affording better facilities for the rearing of these small children, and there is an urgent demand for the improvement of the streets and sewers. True, we have the small parks as well as Fairmount Park, the largest city park in the country, and we have also a Sanitarium for Children at Red Bank on the Delaware, but these are all places for recreation. The children cannot live in the parks, nor can they go and make their home at the Sanitarium. The home surroundings should be improved; the gutters in the courts and alleys should be kept clean, as well as the thoroughfares like Chestnut Street. If it is admitted that the world owes these squalid children a living, it will be best that they should be given a fair start by allowing them to accumulate a stock of health, rather than an inheritance of disease. Private citizens have contributed for the payment of laborers who keep Chestnut Street clean; now will some benevolent gentlemen contribute to rid the alleys and courts of their accumulated filth? If not, cannot a reasonable portion of the public funds be set aside for the laudable object?

DR. HAMILTON'S RETIREMENT.

DR. HAMILTON'S retirement from the editorial management of the Journal of the American Medical Association, which was announced in the issue of that journal February 9th, is to be regretted. Well qualified for the position, active, and in the prime of life, he had a popular following which would have gradually developed the journal in every direction. Entering upon his duties with a spirit of enterprise quite foreign to that which marked the progressiveness of Editor Davis, his friends anticipated that the circulation of the paper would rapidly increase and the power of the Association be felt in every hamlet throughout the country. But "The best laid schemes o' mice and men gang aft aglee," and Dr. Hamilton resigned because his tenure of office in the Marine Hospital service was made permanent, and not from any dissatisfaction with his new position.

In their efforts to secure a suitable man for the position, it is to be hoped the Committee will be successful, and that the influence of the journal may be largely extended. It cannot be said here that "The harvest is plenty, but the laborers few," as there are now scores of men ready and willing to take the responsibility upon their shoulders. The editor has already suggested that they cannot do better than select some one in the West who understands the wants of the large majority of the members of the Association; one who will give it the time and attention required to make it a success like the organ of the British Medical Association, the British Medical Journal. Who will he be? Now, gentlemen, do not all speak at once; it causes too much confusion.

THE LATE VIRGINIA MEDICAL EXAMINING BOARD EXPOSE.

OUR readers are doubtless familiar with the fact that in the Old Dominion there exists now, and has existed for several years, an organization known as a Medical Examining Board, before whom all applicants for license to practice medicine in that State must come for examination. Such supervision on the part of the State is a wise measure, and when properly conducted will be of vast interest to the community by preventing quacks from roaming up and down the land seeking whom they may devour. It is to be regretted, however, that this Board failed to give the subject the attention which its importance required, and it is charged by Dr. Brice, of the Southern Clinic, that they not only altered the returns, but that they deliberately passed incompetent candidates because they happened to be friends of the members of the Board. The President is even charged with sending an applicant to another member with a written request that he should be passed on a "nominal examination of ten minutes," for the purpose, we presume, of preventing people from talking. Some one has evidently let the cat out of the bag, and we have another illustration of the old saying that "when rogues fall out honest men get their dues." If these men had entered into collusion with each other for the purpose of foisting upon an unsuspecting public their special favorites, is it not quite possible that, in order the better to further their own

interests, other candidates, who were properly qualified, failed to pass the ordeal to which they were submitted? We can only judge of this matter from what we now know of their disreputable procedures during the time they were in office.

The colleges from which these unsuccessful candidates graduated have been paraded before the profession for several months past, showing the percentages of failures, and, according to the books, many of those heretofore highly respected institutions show an utter lack of ability in the matter of tuition. From 25 to 50 per cent. of failures is certainly not a flattering compliment to the best teachers of the country. The most aggravating case in this category is probably that of the Medico-Chirurgical College of this city, which was reported to have sent three applicants, all of whom failed to pass. One hundred per cent. of failures among the graduates of an institution which was started for the purpose of affording higher medical education presents a glaring inconsistency, and the officers of this institution set about to ferret out the mystery. They had no history of any of their graduates locating in Virginia except one, and it proved on investigation that this solitary graduate in the mountain fastnesses of that wide domain was the only one who had met with rejection, but he had three times failed. Professor Keyser, the Dean of the Faculty, has furnished the medical public with a partial copy of the questions which this candidate for the degree answered satisfactorily at his final examination, and we now desire to say that judgment should be suspended until the other side can be heard. The questions which were propounded are well calculated to show the abilities of any man who is qualified to practice the healing art, and we are therefore unable to account for the repeated failures.

In view of the unsavory character of the retiring Board, it is to be hoped that the one succeeding will be more accurate in their reports, and that colleges will not be needlessly censured by reason of their graduates failing to pass the examination. The farce of the late Board in Virginia has come to an end, but none too soon, and our teachers are to be congratulated that a better and more competent set of men will occupy the positions of trust which enable them to decide upon the competency of those who aspire to the practice of the healing art in that great State.

CORRESPONDENCE.

TREATMENT OF EMPYEMA.

Editor Medical Bulletin :—

I wish to report a case of empyema, treated on different principles altogether than are laid down in our books, but with results that are entirely satisfactory to both the patient and myself. On October 16, 1888, I was called to see Henry G—, aged twelve years. A few days before he had been attacked with pains in the right side and fever, and the parents brought him into town and placed him under my care. Temperature at the time was 103° F. It continued, with slight variations, to be about 103° for the next ten days. On October 23d I elicited dullness or flatness extending above the angle of scapulæ, and asked permission to use the aspirator, and accordingly did so, and withdrew about eight ounces of very thick serum, with a color indicating that it would soon be transformed to pus. I put the patient on calcium sulphide, syr. ferri iodidi, also tonic doses of quinine sulph., and continued until the end with this treatment About November 1st I again aspirated, and removed six ounces of pus; November 6th, removed about eight ounces; November 12th, eight ounces; November 16th, four ounces. After this the fluid filled in very slow, and I waited until November 24th before again interfering. I may say here that no anæsthetic was used—only local ether spray—and the boy had become so nervous that at the sight of the instrument he would scream and struggle, so that the operation was rendered very unpleasant, and the needle would be pushed through during his movements. On November 24th, as above stated, I pushed the needle in quickly, and realized that I had penetrated the edge of a rib. On turning the stopcock, bright, red blood came in sight, and continued to run until several ounces had passed, then some pus appeared, and then blood again. During this time I had made up my mind that the intercostal artery had been severed with the needle (it being the largest size with the instrument) as it passed through the border of the rib above, so I removed the needle and blood came out the wound in a stream. I pressed my finger on the part, and a tumor as large as a walnut formed in the side at once. Fully aware that something had to be done immediately to check the hemorrhage, I held a

piece of ice directly to the tumor, and gave two drachms of ergot as soon as possible. The hemorrhage was soon checked, the tumor rapidly disappeared, and the boy continued to make a rapid recovery. A month later he was entirely well, and at this writing is strong and fleshy.

Realizing full well that the treatment adopted in such cases is to open the chest and put in a tube, as a rule, having done the same thing myself before (and would have done so in this case had the family permitted), is the reason why I wish to report this case. The young doctor just starting out in business who sees this article is asked to try the plan before doing the tubing operation; that is bound to cause him lots of trouble afterward before the patient is cured.

I would also suggest that he should avoid puncturing the intercostal artery, unless he is well able to stand shock.

E. BRUCE CRONE, M.D.

KERKHOVEN, MINN.

A NEW MEDICAL SHRUB, THE SYMPHORICARPUS VULGARIS, OR CORAL BERRY.

Editor Medical Bulletin:—

The symphoricarpus vulgaris to the medical profession is a new diuretic and alterative, and has never been used as a medicine by any one to my knowledge. It belongs to the natural order Caprifoliacæ, and is common in the Southwest over a wide area of country. The sambucus, triosteum, and viburnum are genera of the same order, and are well-known medicinal substances. The symphoricarpus vulgaris is a low undershrub, leaves oval, seldom over one inch long; corolla, sparingly bearded within; fruit, red, remaining on all winter; twigs, often stoleniferous, and are the parts used in medicine. Water and dilute alcohol extract the virtues of the shrub. The infusion increases the urine very greatly. As an alterative and diuretic I find it valuable.

W. S. NEWLON, M.D.

OSWEGO, KAN.

MEDICAL NEWS AND MISCELLANY.

DR. F. D. CASTLE has removed to 1338 Walnut Street.

A MAN named Silver has been convicted in this city of selling an imitation of Mellin's Food, representing it to be the genuine article.

THE meeting of the American Medical Association at Newport, R. I., promises to be the best in its results and to have the largest attendance of any yet held.

DR. BOARDMAN REED, of Atlantic City, announces that he has associated with him in the practice of medicine Dr. Philip Marvel, late of Washington, who made a favorable impression upon the visitors to that resort when acting as assistant to Dr. Reed some years ago. They have our best wishes.

As indicating the prosperous condition of the Philadelphia Polyclinic, it may be mentioned that, in addition to securing the co-operation of the eminent neurologist, Dr. S. Weir Mitchell, they have just purchased for twenty-five thousand dollars a large property on Lombard Street above Eighteenth.

MEDICAL BOYCOTTING.—Late advices from London announce that the Royal College of Physicians, of which Dr. Mackenzie was a member, but from which he lately withdrew, has passed a resolution censuring him for the publication of his book giving an account of his treatment of the late Emperor and defending himself against the attack of the German physicians who were his colleagues.

SINCE the attack of Dr. Wood upon the double-action theory of medicines, Dr. Boardman Reed has been put upon the defensive, the homœopathic fraternity claiming that he is but telling over again what Hahnemann taught seventy-five years ago. Dr. Reed has taken a large contract, and it is to be hoped that he may be able to meet his obligations.

LONGEVITY IN JAPAN.—The population of Japan has increased during 1887 to 38,507,177 inhabitants. Of this number 1,086,001 persons were from 70 to 80 years of age, 247,055 were from 80 to 90 years of age, 12,000 from 90 to 100, and 97 were over 100 years of age (73 women and 24 men). Among the women who were over 100 years of age, two were past 109, and one was 111 years old.—*Riforma Medica.*

PROF. THADDEUS A. REAMY, of Cincinnati, has accepted the invitation of the Alumni of the Medico-Chirurgical College to deliver the oration at its annual meeting, which will be held on the evening of April 3d, at 8 P. M., at the College building, Cherry Street below Eighteenth Street.

Full information can be obtained regarding this interesting event by addressing Dr. John V. Shoemaker, 1519 Walnut Street, Chairman of the Executive Committee.

TOO MUCH EDITING.—Gentleman—"I hear that you have given up your place on the Daily Buglehorn, Uncle Rastus." Uncle Rastus—"Yes, sah, I was fo'ced to gib it up. Foah days wah all de journalisticum o'sperience what I cud stand; yo see, sah, dey gave me de paste-box to edit, an' de flavor of de paste wah too

much fo' my constitushun. I didn't min' editin' de coal-box, but I don't want no mo' paste editin'; it's wuss'n de Eyetalian sechun ob de city."—*The Epoch.*

INTERESTING TO THE DISCIPLES OF FOTHERGILL.—The culture of ipecacuanha in the Neilgherry hills has at last proved successful after many experiments had failed. The Indian Medical Gazette states that at the end of last year there were over five thousand plants growing, while of five hundred planted out at Nellumbore only three have died and the rest are flourishing.

We may hope that in the near future the price of this valuable drug will be reduced as greatly as has that of cinchona.

DR. BOXALL (Medical Press) calls attention to the incompatibility of certain antiseptics when mixed. He has ascertained that mixtures of corrosive sublimate and iodine, iodine with carbolic acid, and carbolic acid and olive-oil produce chemical changes which materially affect the properties of the original constituents. He found, moreover, that soap and glycerin are, as a rule, bad vehicles for antiseptics. Perchloride of mercury, iodine, salicylic acid and permanganate of potassium are changed or precipitated by admixture with soap.

THE NORTH AMERICAN PRACTITIONER, the journal of the Post-Graduate Medical School of Chicago, has just been received, and is in every way worthy of the enterprise of the physicians of that active city. It starts out with a most promising appearance, and indicates that the managers will endeavor to conduct a medical journal from the beginning on a thorough business basis. We trust the editors may be fortunate in not having use for a large waste-basket for the reception of matter "not available."

QUITE A CONTAGION.—Mrs. Malapropos—"How is your papa getting along, my dear?" Miss Precise—"Oh! he's convalescent." Mrs. Malapropos—"My, oh my! How unfortunate he is, to be sure! First he had newmoney, then plumbago, and now convalescent." Miss Precise—"How do you feel, Mrs. Malapropos?" Mrs. Malapropos—"The doctor says I've got two buckles on my lungs, and I'm going down to the druggist's now to get some Brown's Bronical Breeches for my henflewendways."—*Drake's Magazine.*

THE French medical jurists still recommend death by decapitation. In an elaborate work, entitled, "La Mort par la Decapitation," by Dr. Paul Loye, the following are given as its advantages: It kills instantly, painlessly, and surely—*tuti, cito et jucunde.* There can be absolutely no return of consciousness after the blow falls. The separation of the head and trunk offers a public proof of death. In all other procedures, says Dr. Loye, and in death by electricity in particular, the simulation of death is possible.

OFFICERS OF THE GERMAN HOSPITAL.—The Trustees of the German Hospital held their first meeting this year on Tuesday evening, and elected the following officers to serve during 1889: President, John D. Lankenau; Vice-President, M. Richards Mucklé; Secretary, William N. Mencke; Treasurer, Charles A. Woerwag; Solicitor, Joseph G. Rosengarten; Medical Board—Surgeons, Ferdinand H. Gross, John B. Deaver, J. William White; Physicians, Adam Trau, Edward T. Bruen, Lawrence Wolff; Oculist and Aurist, Charles S. Turnbull.

SUCCESSFUL TRANSFUSION OF BLOOD.—A workman who had inhaled the vapor of burning coals was taken to the Charité lately. All efforts to restore consciousness having failed, Professor Leyden ordered the injection of two hundred and fifty cubic centimetres of blood taken from another patient into one of the veins of the right arm. The patient showed signs of life five hours after the transfusion, then slept for about ten hours and awoke in excellent spirits. His further recovery was rapid and he is now quite well. —Berlin letter in *Lancet.*

DR. I. S. IVANOFF, of Kostroma, recommends the following method for forcible feeding, which he has successfully employed in the case of an insane lady who absolutely refused to take food in consequence of her having some fixed idea on that point. Having seated and steadied the patient, he firmly closes her nostrils by pressure, which causes her to open the mouth for breathing; then he slightly bends the lady's head backward and pours some liquid food into her mouth by means of an ordinary spoon; she appears to swallow without much struggle. The method is said to be very simple, and by far less troublesome and more convenient than the ordinary introduction of a gastric sound through the nose.

A HOME FOR INCURABLES.—The Board of Managers of the Protestant Episcopal Hospital proposes the erection of an additional building at an estimated cost of one hundred thousand dollars, which shall serve the triple purpose of providing a home for incurables, a home for sick and disabled clergy, and a home for nurses. It will contain sixty-four beds, in addition to separate apartments for nurses and clergymen. An endowment of four hundred thousand dollars will be needed, but the Managers will begin building as soon as the one hundred thousand dollars for the structure and one hundred thou-

sand dollars additional shall have been subscribed. W. W. Frazier, No. 101 South Front Street, is designated to receive subscriptions.

I'M A WICKED WATER-METER:—

I'm a wicked water-meter, Pharisaic water-meter, with a face of white enamel, hard enamel, trimmed with brass;
But I wear the soft expression of a painted Simon Peter, looking out into the future like a gold-fish through a glass.

When it happens that the carcass of an infant alligator plays the mischief with my vitals in its efforts to get through,
I record the strange occurrence on my brass-bound indicator by the fraudulent addition of a hundred feet or two.

Oh! the miasmatic matter and the poison which I scatter, with the simple name of water, unadulterated, pure;
While my friend, the undertaker, waxes richer, slicker, fatter, and the druggist's wife and daughter take a European tour!

Oh! I often pause and wonder as I ponder o'er my plunder, pause and wonder why in thunder honest people let me lie;
Why they do not rise in anger, tear me limb from limb asunder, and adopt a water-meter more ingenuous than I!

—*Wasp.*

A PHYSICIAN'S OBJECT LESSON.—A doctor, prescribing for a baby, was sadly vexed by the officiousness of the child's feminine relatives, who tried all sorts of home remedies for it, saying in apology: "We thought if they did no good they would do no harm, doctor."

At the end of his patience, the doctor one morning called for a bowl, a spoon, and some fresh butter, and began stirring the latter round and round with an air of grave importance. The ladies gathered about him inquisitively, but he gave them no attention, until at last, curiosity becoming rampant, they cried in chorus: "O doctor! do tell us what you are going to do with the butter?"

Here was his chance. Facing them solemnly, he said: "I am going to grease the baby's elbow with it. It may not do any good, but it won't do any harm!"—*London Tid-Bits.*

I. V. WILLIAMSON'S great gift to the people of this part of the world is to be coppered by Millionaire Jacob Tome, of Maryland. Instead of five hundred thousand dollars Mr. Tome will give two million five hundred thousand dollars. He proposes now to establish a training-school for boys as well as girls, in which all mechanical trades are to be taught. It is the founder's intention that the Tome school shall be to the hand what Johns Hopkins is to the mind. Every branch of trade is to be taught. The girls will be instructed in cooking, sewing, telegraphy, etc. Five hundred thousand dollars is to be spent in the erection of the necessary buildings in Port Deposit and two million dollars are to be set aside for investment, the interest to be used in defraying all the expenses. Mr. Tome is now nearly ninety years old.—*Ex.*

THE Medical Record prints the following list of drugs as representing the soul of Pharmacopœia: Opium, mercury, iodides, quinine, chloroform, ether, sulphate of magnesia, salicylic acid, aloes, alcohol, bromides, iron, chloral, castor-oil, digitalis, arsenic, colchicum, ipecac, aconite, strychnine, cocaine, ergot, bicarbonate of potash, mineral acids, and nitrates. It adds: "Pepsin is a widely used remedy, but it can hardly be regarded as a drug, and it is very possible that, on the whole, it does more harm than good by pandering to a weakness rather than attacking its roots. Iron is another remedy whose value, except as a mineral food, is problematical. Naturally, the best twenty-five drugs will differ somewhat in accordance with climate and prevalent diseases; but we should say that the foregoing list was a fairly correct one."

PREVENTIVE INOCULATIONS FOR SCARLET FEVER.—Stickler (Gazette Méd. de Paris) having observed that horses are often affected by a disease quite similar to scarlet fever, inserted about six drops of the nasal discharge under the skin of four rabbits and a dog, and within twenty-four hours an exanthema resembling scarlatina appeared, which was followed in four days by desquamation. The associated symptoms were fever, anorexia, redness of the nasal mucous membrane, with abundant secretion by and enlargement of the lymphatic glands. The animals recovered in eight days, and the inoculation of scarlatinal blood gave negative results. Subsequent experiments on human subjects produced similar symptoms, and after recovery inoculation with scarlatinal blood gave absolutely no result.—*Druggists' Circular.*

ACCORDING to a correspondent of the Electrical Review, Mr. Edison believes that the time will come when transportation through the air will be the order of things in that line. The idea that the air-ship must go up a mile or more is erroneous. If it were no higher than an ordinary building it would suffice. "When the time comes for it to be put in operation," he said, "there will be one drawback to it, and that is the ease which it will afford criminals to make their escape from whatever point their crime was committed. There will be no danger of their being intercepted by wire, as is the case now. It may be that the same science which will give us this sort of navigation will provide something else by which criminals who make their escape through the air will be overtaken. But this will take time. In my opinion, when we shall have aerial navigation we shall see more crime."

A MEDICAL INVENTION.—In Vienna Dr. Roth and Professor Reuss have devised an instrument for illuminating from the outside some of the cavities of the body, such as the larynx and nose. The instrument is a well-polished glass rod, to one end of which a small electric

incandescent lamp is attached. The light of the lamp is reflected equally through the whole glass rod to its other end, which is placed on the skin of the throat in the case of a laryngoscopical examination being required. Then the interior of the larynx becomes illuminated sufficiently for laryngoscopy. If this luminous glass rod is applied to the sclerotic, the interior of the eyeball can be examined in the same way as by using an ophthalmoscope. As the glass rod remains cold it can be employed in operative surgery to light the natural and artificial cavities.—*English Mechanic.*

PYRODIN.—Latest advices are to the effect that pyrodin is a commercial speculation, consisting of 25 per cent. acetylphenylhydrazin and 75 per cent. harmless ingredients (perhaps milk-sugar) to increase the bulk and change the identity somewhat. This is rather an early and ignominious ending to a widely heralded English checkmate to the encroachments of German acetanilid, antipyrin, acetphenetidin, etc. French chemists were wiser in their day by adopting antipyrin, changing the name, and allowing any manufacturer to produce the article.—*New Remedies.*

In face of the poisonous qualities of pyrodin we must warn the profession against the use of this drug generally. In exceptional cases, and where other antipyretics have failed, it may be useful, but great caution should be used. Small doses only should be given, and at sufficiently long intervals to enable one to watch any toxic effects, with the first appearances of which the drug should be stopped.—*British Medical Journal.*

MEDICAL ANTISEPSIS.—From a lecture given at the Hospital St. André by Dr. Artigalas, so competent on all micro-biological questions, the following conclusions are noted:—

1. The body normally manufactures ptomaines. They can accumulate and produce some accident when the oxygen which should destroy them is deficient or the channels of elimination are obstructed. From this the two great physiological principles of antisepsis are evolved: (*a*) to maintain normal oxygenation; (*b*) to keep the secretions normal or to restore their equilibrium.

2. According to the constitution of the microbian illness, it is either local or general. The morbific element thrives in certain regions and causes there the formation of toxic products.

Therefore: (*a*) the necessity to find a diffusible antiseptic, as is sulphate of quinine in intermittent fever; (*b*) to change the surroundings where the microbes flourish, as in the intestinal antisepsis of typhoid fever; (*c*) to make, as far as possible, secondary channels for elimination of the microbes and ptomaines, as in nephritis of scarlatina and of cholera.—*Revue de Thér.*

DOCTOR AND PATIENT.—When I consider what the education of a doctor entails, what endless study and investigation, what patient labor; when I reflect upon the continual risks that he must have, balanced by continual compassion; when I remember how he is ever contending in a face to face and hand to hand encounter with disease and death,—I think that he should be an industrious and thoughtful, a brave and noble gentleman. To the invalid he is more. He is the master mechanic of what may be a very troublesome machine. He is the autocrat of the table and the lodging, of raiment and exercise. His advent is the event of the day. His utterances are oracular, his nod Olympian. His learning is boundless, his wit irresistible, his goodness not to be disputed. He takes the responsibility of living off shoulders which tremble beneath it, assumes the battle with pain, and fights the sick man's duel for him. He condones the cowardice of shrinking nerves and puts them to sleep. He encourages and stimulates and bolsters the sufferer into shape again.

There is no relationship on earth like this between doctor and patient. He owns me, owns at least this arm he set when I was a boy, and these lungs, whose every wheeze and sputter he recognizes as I do the voice of a familiar acquaintance. The mother who bore me has not so intimate a knowledge of my peculiarities; no friend, however faithful, is so tolerant of my faults or has such an easy way of curing them. He reconciles me to myself by a quieting powder, and starts me fair with the world once more.—*Scribner's.*

SUBSTITUTION BY DRUGGISTS OF MEDICINES PRESCRIBED.—If there is a practice among any reputable pharmacists or druggists that should be denounced, it is that of substituting the manufacture of some other druggist for that which is prescribed. It is none of the business of pharmacist or apothecary to dictate to the doctor what he should prescribe. If the honest apothecary has not the preparation the doctor has prescribed, and cannot supply it, it is simply and plainly his duty to say so, and not undertake to furnish a substitute without a free consultation with and the full consent of the doctor.

What would the apothecary think of his stationery dealer if he were to send him a box of "Falcon pens" when he had ordered a box of "Spencerian pens"? Is it honest in the stationer to undertake to palm off the brand not ordered? And if the stationer were to establish it as the principle of his house to thus "work off" his stock on the pharmacist, would not that pharmacist soon say that he would discontinue dealing with that stationer, and, furthermore, expose him to his friends?

If this principle is regarded as dishonorable in so trivial a matter as the selection of a pen, it should certainly be held as more disreputable for the pharmacist to substitute a medicine not ordered for the one that is prescribed.

The apothecary concedes the whole thing when he says he supplies only Squibb's chloroform when this preparation is ordered. If he is honest in filling the prescription of the doctor strictly when that article is prescribed, why should he not be equally as honest when the preparations of Wm. R. Warner & Co., Rio Chemical Co., Battle, Lambert, Merrell, Peacock, McKesson & Robbins, Schieffelin, etc., are prescribed?

Is it not dishonorable in principle to do otherwise?—*Medical Brief.*

THE INSIDIOUSNESS OF LEAD POISONING.—At Ganat, near Vichy, there lately occurred a series of cases which plainly pointed to lead poisoning as the principal cause, and through the investigations of Dr. Cornillon, who was delegated to investigate the matter, it has transpired that the cause was discovered in a very unexpected quarter. In a certain mill, which supplied the people largely with flour, an injury to one of the mill-stones was remedied by inserting a quantity of white lead, and all went well until the people began to die. Not the people alone, but the animals which were fed with the refuse from the table and with food prepared for them, a circumstance pointing to the fact that a large quantity is not always necessary to produce characteristic effects when they are sought for. Chronic lead poisoning being so insidious in its development, we have thought it advisable to take a survey of the facts connected with this instance, in the hope that by this means a great deal of suffering can be avoided to the human race if physicians will but take the trouble to inquire into the culinary arrangements of their patients.

The circumstances are about as follows: A defective millstone was plugged with white lead, and the villagers who had their corn ground at the mill received from time to time a portion of the lead along with their daily bread. The chickens were fed upon the same diet, and the result was, in short, that the hens ceased to lay, and the women and young girls suffered from menstrual derangements; certainly a peculiar coincidence, if nothing more. If the presence of lead in the system affects the chickens in this way, it is not beyond the range of possibilities that the human female might be influenced in a like manner, and this factor can only be eliminated from the question by determining that there is no cause for such disturbances arising in the female in this country, where menstrual derangements are so prevalent. But the fact that menstrual irregularities may be due in part to the presence of lead in the system cannot be successfully denied. The almost universal use of canned goods, especially in the winter season, may be the innocent but unsuspected cause of many preventible diseases, the real causes of which are not even surmised. In the case of the dogs that suffered from the poison, many of them were supposed to be mad, because of their persistent and fearful howling; the hens simply stopped laying eggs and then died; even the pigs fed with this poisoned flour showed the characteristic blue line on the gums, and, finally, succumbed to the deleterious influences, refusing to eat for several days, and then dying. When we take into consideration the small amount of the lead taken by these people and by the pigs, dogs, and chickens, and consider the decided effects, there is a vague idea comes to mind that much of the present sickness that is not well understood may be due to similar influences. The symptoms may be so indistinct that the disease progresses insidiously to such an extent that those exposed become susceptible to other affections, and this is one of the factors which should not be overlooked. Have any of our readers met with cases of this nature?—*Medical Register.*

ARSENICAL POISONING.—The American Analyst has on several occasions pointed out some of the dangerous coloring materials used by manufacturers of articles for domestic use. A new confirmation of its warnings is furnished in an article by A. W. Stokes, F.C.S., F.I.C., in the London Chemical News: "Some few months ago I examined for a large firm of household furnishers, as well as for numerous private individuals, a number of samples of the then fashionable 'imitation Indian muslins' and cretonnes. More than one hundred samples were examined, and 23 per cent. of these were found to contain arsenic in appreciable quantities. In all qualitative cases Marsh's test was used, and only such samples as gave within five minutes indications of arsenic were marked arsenical. Several were quantitatively examined. The highest proportion of white arsenic found was two and one-tenth grains per square yard. The colors in which arsenic was principally present were the terra-cotta reds and the greenish browns. There being some doubt whether these materials would give off arsenical vapors, I made some experiments. From this it would seem that under ordinary circumstances arsenic would not be evolved by such fabrics. Yet in two cases samples of these materials were brought to me by medical men, in which well-marked symptoms of arsenical poisoning were ascribed to their use. In one case some six or eight work girls employed in making up some of this material were all taken ill with the same symptoms of arsenical poisoning. Of course, in such case the material, when pressed with hot

irons, is heated far beyond blood heat, and minute particles are detached and float in the air of the workroom. That the arsenic is held very loosely by the fabric was evidenced by dipping some of the fabric in water. Plenty of the arsenic was at once taken up by the water. It would seem at first as if this might be due to arsenic having been used as a preservative for the size or starch present as 'stiffening,' but then these muslins have no stiffening. A little flax mat of green color, weighing nine ounces, contained twenty-one grains of white arsenic. I found my infant playing lately with a small glazed cardboard box of a green color that had once contained chocolate, and that had been obtained from one of the automatic supply boxes. After the manner of infants he was occasionally sucking this. Out of curiosity I tested it, and found that the 'surface paper,' measuring five inches by one and three-quarters, contained one-tenth of a grain of white arsenic. In all these cases the quantity of arsenic found is small, and it may be, under ordinary circumstances, quite harmless; but in all cases its presence is quite unnecessary. Other coloring materials could equally well be used in which there is no possible noxious ingredient. Of wall-papers submitted to me, 10 per cent. are found to contain arsenic. This is a high proportion, but then only suspected samples are sent for analysis. One of my rooms I found thus papered. Neither are those who avoid wall-paper altogether safe. A lady some two or three years ago had her rooms painted, and covenanted with a sanitary decorating company that it should use on the walls paints containing neither lead nor arsenic. Pieces of the molding she brought to me contained both lead and arsenic in the color. Omitting articles in which its occurrence has been purely accidental, arsenic has been found of late years to be present in some samples of muslins, cretonnes, wall-papers, playing cards, the glaze of some enameled stew-pans, the paper of fancy boxes, and in some furs. These last are usually the furs prepared by amateurs. So that we may picture an infant placed by an unfortunate concurrence of circumstances in a room covered with arsenical paper, having its cot draped with muslin or cretonnes, fed on food prepared in a glazed saucepan, itself covered by a rug, and playing with some fancy box of sweets or toys, all of these containing a minute but unnecessary amount of arsenic."

DISEASES WITH PERSONAL NAMES. — The Union Médicale du Nord-Est publishes in its last issue a very interesting article from the Gazette Médicale de Strasbourg, in which the writer points out the inconveniences resulting from the use of personal names in the designation of diseases. He terminates his article with a list of these names, which we place before our readers:

Addison's disease. Suprarenal cachexia; bronzed skin disease.

Addison's keloid (or cheloid). Cancroid, or Morphew.

Alibert's disease. Fungoid mycosis.

Aran-Duchenne's disease. Progressive muscular atrophy.

Astley Cooper's hernia. Crural hernia involving the superficial fascia.

Argyll-Robertson's sign. Absence of pupilar reflex.

Basedow's disease. Exophthalmic goitre.

Bazin's disease. Buccal psoriasis.

Béclard's hernia. Hernia across the saphena.

Bell's paralysis. Paralysis of seventh pair.

Bergeron's disease. Localized rhythmic chorea.

Boudin's law. Antagonism of impaludism and tuberculosis.

Boyer's cyst. Sub-hyoiden cyst.

Bright's disease. Nephritis (albuminous).

Brown-Séquard's syndrome. Hemiparaplegia with hemianæsthesia of the opposite side.

Cazenave's lupus. Erythematous lupus.

Charcot's disease. Ataxic arthropathy.

Cheyne-Stokes' respiration. Uræmic resp.

Cloquet's hernia. Perineal hernia.

Colles' law. Non-infection of the mother by her syphilitic child.

Corrigan's disease. Aortic insufficiency.

Corvisart's facies. Asystolic facies.

Cruveilhier's disease. Simple ulcer of the stomach.

Donders' glaucoma. Simple atrophic glaucoma.

Dressler's disease. Paroxysmal hemoglobinuria.

Dubini's disease. Electric chorea.

Duchenne's disease. Locomotor ataxia.

Duchenne's paralysis. Pseudo-hypertrophic paralysis.

Duhring's disease. Herpetiform dermatitis.

Dupuytren's disease. Retraction of the palmar aponeurosis.

Dupuytren's hydrocele. Hydrocele interna.

Eichstedt's disease. Pityriasis versicolor.

Erasmus Wilson's disease. Generalized exfoliating dermatitis.

Erb's paralysis. Radicular paralysis of the brachial plexus.

Erb-Charcot's disease. Spasmodic dorsal tabes.

Fouchard's disease. Alveo-dentar periostitis.

Friederich's disease. Hereditary locomotor ataxia.

Gerlier's disease. Paralytic vertigo.

Gibert's pityriasis. Pityriasis rubra.

Gibbon's hydrocele. Hydrocele with hernia.

Gilles de la Tourette's disease. Motor incoordination with acholia and coprostasis.

Goyrand's hernia. Interstitial inguinal hernia.

Grave's disease. Exophthalmic goitre.

Graefe's (von) sign. Dissociation of movement between the globe of the eye and the upper eyelid.

Guyon's sign. Fluctuation on renal succussion.

Harley's disease. Paroxysmal hemoglobinuria.

Heberden's rheumatism. Rheumatism of the small joints, with nodes.

Hebra's disease. Polymorphous erythema.

Hebra's pityriasis. Chronic pityriasis rubra.

Hebra's prurigo. True idiopathic prurigo.

Hennoch's purpura. Purpura with intestinal symptoms.

Heselbach's hernia. Crural hernia; multilocular sac.

Hippocratic face. Facies cadaverica.

Hodgkin's disease. Adenia; lymphadenoma.

Hodgson's disease. Atheroma of the aorta.

Huguier's disease. Uterine fibro-myoma.

Hutchinson's tooth. Syphilitic tooth (semilunar and notched on the free border).

Hutchinson's triad. The notched tooth; interstitial keratitis and hereditary syphilitic otitis.

Jacob's ulcer. Cancroidal ulcer.

Jacksonian epilepsy. Partial epilepsy.

Kaposi's disease. Xeroderma pigmentosum.

Kopp's asthma. Thymic asthma; spasm of the glottis.

Kronlein's hernia. Inguinal properitoneal hernia.

Laennec's cirrhosis. Atrophic cirrhosis.

Landry's disease. Acute ascendant paralysis.

Laugier's hernia. Hernia across Gimbernat's ligament.

Leber's disease. Hereditary optic atrophy.

Levret's law. Marginal insertion of the cord in placenta prævia.

Littre's hernia. Diverticular hernia.

Ludwig's angina. Infectious sub-hyoiden phlegmon.

Mallassez's disease. Cystic disease of the testicle.

Ménière's disease. Labyrinthine vertigo.

Millar's asthma. Stridulous laryngitis.

Morand's foot. Foot with eight toes.

Morvan's disease. Analgesic paresis of the extremities.

Paget's disease. Pre-cancerous eczema of the nipple.

Paget's disease. Hypertrophic osteitis deformans.

Parrot's disease. Syphilitic pseudo-paralysis.

Parrot's sign. Dilatation of the pupil by pinching the skin (meningitis).

Parkinson's disease. Paralysis agitans.

Parry's disease. Exophthalmic goitre.

Pavy's disease. Intermittent albuminuria.

Petit's hernia. Lumbar hernia.

Pott's aneurism. Aneurism by anastomosis.

Pott's fracture. Fracture of the fibula by divulsion.

Pott's disease. Vertebral osteitis.

Raynaud's disease. Symmetrical strangulation of the extremities.

Reclus' disease. Cystic disease of the mamma.

Richter's hernia. Parietal enterocele.

Rivolta's disease. Actinomycosis.

Romberg's sign. Vacillation of ataxic patients in the dark.

Rosenbach's sign. Abolition of the abdominal reflex.

Sœmisch's ulcer. Infectious ulcer of the cornea.

Stork's blennorrhœa. Blennorrhœa of the superior respiratory passages.

Stokes' law. Paralysis of the muscles subjacent to the inflamed serous and mucous membranes.

Sydenham's chorea. Common chorea.

Thomsen's disease. Muscular spasm at the commencement of voluntary movements.

Thornwald's disease. Inflammation of the pharyngeal gland of Luschka.

Velpeau's hernia. Crural hernia in front of the vessels.

Volkmann's deformity. Congenital tibiotarsian luxation.

Wardrop's malady. Malign onyxis.

Weil's disease. Abortive typhus with icterus.

Wells' facies. Ovarian facies.

Werlhoff's disease. Purpura hemorrhagica.

Westphall's sign. Abolition of the rotulian reflex.

Willan's lupus. A tuberculous form of lupus.

Winckel's disease. Pernicious cyanosis of the newborn infant.

—*Le Progrès Médical, Med. Abstract.*

BOOK REVIEWS.

Electricity in the Diseases of Women, with Special Reference to the Application of Strong Currents. By G. BETTON MASSEY, M.D. 12mo, pp. 210. Philadelphia and London: F. A. Davis, 1889.

In a book free from trashy filling, and with every page carefully written, the author gives fully, yet in a condensed form, a clear exposition as to the value in pelvic diseases of women of the method now prominently discussed in gynæcological circles. The text is well illustrated by cuts, most of which are original with the author, and enough cases are narrated to show just what the actual results are in practice. The work is indispensable to the man who wants to know what can be done and how to do it aside from the fashionable slashing and senseless maltreat-

ment which has for years past disgraced the profession in the management of the disorders treated of in this worthy volume.

A Manual of Dietetics, for Physicians, Mothers, and Nurses. By W. B. PRITCHARD, M.D. Cloth, 8vo, pp. 88. Published by the Dietetic Publishing Company, 115 Fulton Street, N. Y. Price, 50 cents.

In regard to this little manual it is only necessary to say that it is a capital thing for the physician, for the mother, and for the nurse who is not beyond taking kindly to judicious advice. Its introduction will be the means of helping the doctor materially in his work, and in his absence nothing will be left undone in the matter of preparing proper food for the sick-chamber. We bespeak for it a large sale. A cheap edition in paper may be had for half the price of the cloth binding, and we would suggest that physicians might profitably give the work to many of their patients to be used as a guide in the case of illness, knowing that its value would be duly appreciated.

The Functions and Disorders of the Reproductive Organs in Childhood, Youth, Adult Age, and Advanced Life, considered in their Physiological, Social, and Moral Relations. By WILLIAM ACTON, M.R.C.S. Seventh edition. Cloth, 8vo, pp. 263. Philadelphia: P. Blakiston, Son & Co., 1888. Price, $2.

The work of Dr. Acton bears the stamp of the philosopher. For many years it has been a recognized standard, and the principles laid down are as true now as they ever were. The young graduate will find here much food for thought and a vast fund of information and experience to guide him in the treatment of many intricate and difficult disorders. As a work for consultation and reference it is unsurpassed, and will be found to cover the most complicated cases with which we have to deal. With the rapidly increasing number of books on this prolific topic, it may be overlooked, but its permanent value still remains unquestioned. The persistent opinions of laymen as to their virility is a striking feature of our modern civilization, and is judiciously discussed in the work before us.

Text-book of Medical Jurisprudence and Toxicology. By JOHN J. REESE, M.D., Professor of Medical Jurisprudence and Toxicology in the University of Pennsylvania, etc. Second edition, revised and enlarged. Cloth, 8vo, pp. 646. Philadelphia: P. Blakiston, Son & Co., 1889. Price, $3.

A work such as the foregoing is a desideratum, and when it is possible that a majority of the profession will heed its counsel in proportion to their needs, a new element will have been introduced into the practice of medicine. Professor Reese has been before the profession for many years as an author and as a teacher, and his views there are none to contest; he speaks *ex cathedra*, and this text-book, fresh from his hand, should find a warm welcome with the general practitioner. Medico-legal questions are more frequent than a decade ago, and the physician will find much in this work that will make his pathway clearer and enable him to rise above self in his daily duties, which, it must be confessed, are often of an exceedingly embarrassing character. It makes him a lawyer as well as a doctor.

Wood's Medical and Surgical Monographs, consisting of Original Treatises and Complete Reproductions, in English, of Books and Monographs selected from the Latest Literature of Foreign Countries, with all Illustrations, etc. Boards, 8vo, pp. 524. Published monthly at $10 per annum. February number, 1889.

The publishers of this interesting series have done much toward supplying the medical profession with choice literature, and this latest venture, it is anticipated, will prove even more acceptable than any former effort. The number under consideration is replete with reliable and modern information upon a number of topics which appeal with great force to the minds of all physicians. It will be sufficient to name the subjects and authors: "Gonorrhœal Infection in Women" is considered by Dr. William Jap Sinclair; Dr. Thomas Grainger Stewart has an attractive paper upon "Giddines;" and "Albuminuria in Bright's Disease" is ably handled by Dr. Pierre Jeanton, of Paris. Printed on good paper, in large type, it forms a desirable and complete addition to the library.

Third Annual Report of the State Board of Health, and Vital Statistics of the Commonwealth of Pennsylvania. Transmitted to the Governor, December 3, 1887. Cloth, 8vo, pp. 338. Harrisburg: Edwin K. Meyers, State Printer, 1888.

Of this elaborate report we have only to express our satisfaction with its excellencies. Apparently everything has been done that could have been accomplished for the purpose of instructing the public in regard to the proper measures to be adopted for the prevention of disease. Numerous towns and cities have been visited, sanitary conventions held, at which suitable topics were presented for the consideration of the residents, and a great work has been established which is well calculated to inspire the citizens of the great State of Pennsylvania with a feeling that their needs are thoroughly appreciated, and that the physicians are actively engaged for the promotion of the best interests of the Common-

wealth. Dr. Atkinson has been indefatigable in his exertions, and deserves great praise for the interest he has taken in the cause of popular hygiene.

Lectures on Ectopic Pregnancy and Pelvic Hæmatocele. By LAWSON TAIT, F.R.C.S., Edin. and Eng., LL.D., Professor of Gynecology in Queen's College, Birmingham, Surgeon to the Birmingham and Midland Hospital for Women, etc. Octavo, pp. 107. Birmingham: The Journal Printing Works, 1888.

Probably no surgeon in the world has done more toward establishing the true position of abdominal operations in females than Mr. Lawson Tait, and the "Lectures" will contribute largely to his reputation on this side of the Atlantic. The subject of ectopic pregnancy has been to physicians the "Dark Continent," but with the details furnished by the extended experience of Mr. Tait concerning the character and history, much light is thrown upon the matter, and his observations will greatly facilitate others in their work. Notwithstanding the opposition which has been manifested toward our author from certain quarters, it is evident from his complimentary allusion to Dr. Parry, of this city, that he is not illiberal in the treatment of his colleagues, and we anticipate a wide circulation of his views through this medium. It is a welcome addition to our literature.

A Practical Treatise on Nervous Exhaustion (Neurasthenia), its Symptoms, Nature, Sequences, and Treatment. By GEORGE M. BEARD, A.M., M.D., Fellow of the New York Academy of Medicine, etc. Edited with notes and additions by A. D. ROCKWELL, A.M., M.D., Professor of Electro-therapeutics in the New York Post-graduate Medical School and Hospital, etc. Cloth, 8vo, pp. 254. New York: E. B. Treat, 1889. Price, $2.75.

The late Dr. Beard was recognized as the apostle of neurasthenia, and his disciple and associate has in the present edition so far brought the work forward that it now represents the best opinions upon this very interesting study. The medical profession is to be congratulated upon the issue of this latest edition by one so well qualified to fill out the work well begun by his illustrious predecessor, although Dr. Rockwell puts the spur to his *confrères* by telling them that "many of the so-called cases of neurasthenia are not properly placed in this class, as they are frequently unintellectual, phlegmatic, and intolerably indolent, and are pleased at a diagnosis which touches the nerves rather than the stomach, bowels, and liver. Instead, therefore, of rest, quiet, and soothing draughts, they need mental and physical activity, less rather than more food, depletion rather than repletion." While admitting that there are instances in which the name neurasthenic lithemia may be applied, he has taken the precaution to point out some of the differential methods for the distinction of the one from the other. Neurasthenia and lithemia are quite different in their general and in their special features, and should be made the subject of radically different plans of treatment. The preface is largely taken up with a succinct history of the development of this comparatively modern disease. The discussion of the various symptoms and the methods of treatment indicated are, on the whole, all that could be wished for in the present state of our knowledge, and will handsomely repay investigation.

A Hand-book of Materia Medica, Pharmacy, and Therapeutics. Compiled for the use of Students Preparing for Examination. By CUTHBERT BOWEN, M.D., B.A., editor of "Notes on Practice." Cloth, 8vo, pp. 366. Philadelphia: F. A. Davis, 1889. Price, $1.40.

For the purpose stated in the title-page, nothing could have been more complete, but had the form not been in the shape of question and answer, many physicians would have taken more kindly to its pages, and thus a larger following would have been secured. We have no fault to find with it on that score, only it seems that such a complete little summary should have been prepared with a view to seek a wider audience. As it is, however, there is practically no competition, and when its merits become known the demand will be constant. From the writer's stand-point, the subject of "therapeutic incompatibility" (page 17) is not sufficiently extended. In speaking of the antagonism between morphine and atropine, belladonna and calabar bean, he abruptly dismisses the subject by the assumption that no student of any training in the physiological action of drugs is likely to be guilty of combining two diametrically opposed agents. The student should be informed that such combinations are frequently given, and that, too, with the best results. In hypodermatic medication, morphine and atropine are often combined. Our author should have added, also, a note to the effect that when two diametrically opposed agents (physiological antagonists) are given together, the poisonous effects of both are manifested in the system, but that they may be used separately for the purpose of overcoming each other. This distinction is one which should be fully explained to the candidate for graduation. When a dose of morphine sufficient to destroy life has been ingested, a dose of atropine, sufficient in itself to cause death, may be administered with safety for the purpose of carrying the patient through the period of narcotism produced by the morphine. Corrections of this character may be effected in a future edition.

COMMERCIAL NEWS.

Nutrolactis.

This is a novel remedy. The manufacturers claim that it will in a few days, when the milk is deficient, increase the flow to a sufficiency to "nourish a vigorous infant." We can say to our readers with all candor that we at first doubted the propriety of accepting the "ad." on account of this extraordinary claim; but on inquiry found that it was being used at the Maternity Hospital, Blackwell's Island, the New York Asylum for Women and Children, the Vanderbilt Clinic, College of Physicians and Surgeons, the German Dispensary, and other institutions, and by eminent New York physicians with general satisfaction in cases of agalactia.

We have used it in three instances; in the two first the result was all that could be desired; in the third the quantity of milk was believed to be increased, but the remedy was not given a fair trial.—*Memphis Med. Monthly.*

The Roseberry Nutrolactis Co., 18 Cortlandt St., N. Y., have decided to send a *full*-sized sample bottle of this remedy free to any physician willing to pay express charges.

Concentrated Foods.

We have had occasion to say much upon this subject. It is one worthy of the most serious attention; without nourishment there can be no health, no life even. As before stated, we have, from considerable experience, obtained most excellent results from Messrs. Reed & Carnrick's products, and we wish to further discharge our obligation to them. Their "beef peptonoids," being a dry powder of concentrated beef and milk gluten, possesses a very high nutritive value, attested by eminent chemists, medals of merit, and the experience of the profession, not only on this continent and Europe, but of English surgeons in East India. It commands an enormous sale and can always be relied upon for uniformity and power. For weak stomachs the very elegant and palatable elixir called "liquid peptonoids" supplies all needs. A case of liver cirrhosis under the care of the writer was able to take it when the stomach refused all else. Their latest product is "pancrobilin," in liquid and pill form. It is a compound of extract of pancreas and pure bile from the pig, and serves admirably to increase the digestion of starches, the emulsifying and absorption of fats. For cases of intestinal indigestion it is indeed very valuable.—*Medical Register.*

Messrs. Eli Lilly & Company, of Indianapolis, have issued a work entitled "Hand-Book of Pharmacy and Therapeutics." The aim, as stated in the introduction, is to furnish the busy practitioner a reliable means of ready reference at once concise, systematic, and authoritative, to which he may refer with confidence in cases of doubt. Younger members of the profession and medical students will find this work full of suggestions. It will be sent free to any physician, druggist, or medical student by addressing Eli Lilly & Co., Indianapolis, Ind., and mentioning this journal.

Wanted.

Competent persons to solicit subscriptions for the "Cyclopædia of the Diseases of Children," medical and surgical, by American, British, and Canadian authors, edited by John M. Keating, M.D. Complete in four imperial octavo volumes. Liberal terms and exclusive territory to salesmen of ability and experience. Apply in person or by letter to J. B. Lippincott Company, 715 and 717 Market Street, Philadelphia.

Removal or Deaths.

Physicians having removed (or about to) would confer a favor if they would mail a postal card of their removal, or the death of a physician, to George Keil,
1715 Willington St., Phila., Pa.

Gonorrhœa.

Robert S. Anderson, M.D., Spennymoor, England, says: "I have found your S. H. Kennedy's Extract of Pinus Canadensis of great service as an injection in cases of gonorrhœa."

Any one desiring to improve their memory should read the advertisement of Professor Loisette, which appears in another column, and send for a prospectus containing the testimonials and opinions of prominent people everywhere who have studied it and know of its great value.

We are pleased to acknowledge the receipt of a handsome and useful desk calendar from The Pope Manufacturing Co., of Boston, New York, and Chicago, manufacturers of the famous Columbia bicycles and typewriters.